

ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2005 OF THE CONDITION AND AFFAIRS OF THE

OLD LYME INSURANCE COMPANY OF RHODE ISLAND, INC.

NAIC Group Code 0158	_, 0158	NAIC Company Code _1	9160	Employer's	ID Number _	13-3306163
(Current Period)	(Prior Period)					
Organized under the Laws of Rhode Island	ı	, St	ate of Domicile	or Port of Entry	Rhode Island	
Country of Domicile US						
Incorporated/Organized July 31, 1985		Comme	nced Business	September 24, 1985		
Statutory Home Office 175 Metro Center Bo	ulevard - Suite 10, Warwick, Rh	ode Island 02886				
		(Street and Number, City of	r Town , State and Z	ip Code)		
Main Administrative Office 175 Metro Cente	er Boulevard - Suite 10, Warwick	, Rhode Island 02886				401-732-4684
	(S	treet and Number, City or Town, Sta	te and Zip Code)			(Area Code) (Telephone Number)
Mail Address 175 Metro Center Boulevard - Suit	te 10, Warwick, Rhode Island	02886				
		(Street and Number, City or Tov	n, State and Zip Co	de)		
Primary Location of Books and Records	175 Metro Center Boulevard - S	Suite 10, Warwick, Rhode Island	02886			
	401-732-4684	(Street and N	umber, City or Town	, State and Zip Code)		
	(Area Code) (Telephor	ne Number)				
Internet Website Address N/A						
Statutory Statement Contact Brian Silvia					401-73	2-4684-7419
Bsilvia@olriinsco.com		(Name)			(Are	ea Code) (Telephone Number) (Extension)
	(E-Ma	il Address)			401-73	(Fax Number)
Policyowner Relations Contact 175 Metro	Center Blvd Suite 10, Warwick.	Rhode Island 02886			401-73	2-4684-7419
,		ımber, City or Town, State and Zip (Code)		(Are	ea Code) (Telephone Number) (Extension)
			_			

OFFICERS

- Michael Sluka# (CEO, Chairman of the Board & Treasurer)
 Frank DeMaria (President, Chief Operating Officer)
 John Parker (SVP, Secretary & General Counsel)

OTHER OFFICERS

Thomas Wilczek (Vice President) Tom Tran (Vice President) Sherryl Scott (Assistant Secretary)

DIRECTORS OR TRUSTEES

Bruce Guthart Michael Sluka John Parker Frank DeMaria Bradley Martin

County of			
The officers of this reporting entity being duly sworn, each depose and say that absolute property of the said reporting entity, free and clear from any liens or annexed or referred to, is a full and true statement of all the assets and liabiliti for the period ended, and have been completed in accordance with the NAIC state rules or regulations require differences in reporting not related to account attestation by the described officers also includes the related corresponding estatement. The electronic filing may be requested by various regulators in lieurons.	claims thereon, except as herein stated, and that this ies and of the condition and affairs of the said reporting Annual Statement Instructions and Accounting Practic inting practices and procedures, according to the bes electronic filing with the NAIC, when required, that is	s statement, together with relate g entity as of the reporting period les and Procedures manual except of their information, knowledge	d exhibits, schedules and explanations therein contained, stated above, and of its income and deductions therefrom of to the extent that: (1) state law may differ; or, (2) that and belief, respectively. Furthermore, the scope of this
Michael Sluka CEO, Chairman of the Board & Treasurer	Frank DeMaria President, Chief Operating Officer		John Parker SVP, Secretary, and General Counsel
		a. Is this an original filing?	Yes (X) No ()

Subscribed and sworn to before me this day of February, 2006

State of New Hampshire

b. If no: 1. State the amendment number

2. Date filed 3. Number of pages attached

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE OLD LYME INSURANCE COMPANY OF RHODE ISLAND, INC. 1 6 0 2 0 0 5 4 3 0 3 1 1 0 0 0

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14) BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2005

	Gross Premiums, In Membership Fees, Leanning Premiums on Inc.	ess Return Premiums	3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums	2 Direct Premiums	Dividends Paid or Credited to Policyholders on	Direct Unearned Premium	Direct Losses Paid (deducting	Direct Losses	Direct Losses	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Commissions and Brokerage	Taxes, Licens
Line of Business	Written	Earned	Direct Business	Reserves	`salvage)	Incurred	Unpaid	Expense Paid	Expense Incurred	Expense Unpaid	Expenses	and Fees
. Fire												
.1 Allied lines												
2 Multiple peril crop												
B Federal flood												
Farmowners multiple peril												
Homeowners multiple peril												
1 Commercial multiple peril (non-liability portion)					4,300	[(6,755)]						
2 Commercial multiple peril (liability portion)		(22)				(5,000)					[(8)	
Mortgage guaranty												
Ocean marine												
Inland marine												
Financial guaranty												
Medical malpractice												
Earthquake												
Group accident and health (b)												
Credit A and H (group and individual) Collectively renewable A and H (b)												
Non-cancellable A and H (b)												
Guaranteed renewable A and H (b)												
Non-renewable for stated reasons only (b)												
Other accident only												
All other A and H (b)												
Federal employees health benefits program premium (b)												
Workers' compensation												
Other liability												
Products liability												
Other private passenger auto liability												
Commercial auto no-fault (personal injury protection)												
Other commercial auto liability												
Private passenger auto physical damage												
Commercial auto physical damage												
Aircraft (all perils)												
Fidelity												
Surety												l
Burglary and theft												
Boiler and machinery												
Credit												[
Aggregate write-ins for other lines of business												
TŎŤAĽS (a)	(22)	(22)			4,300	(11,755)					(8)	
	, ,	. ,			-	, , , ,						
ȚAILS OF WRITE-INS												
1												
2												
ļ												
3. Summary of remaining write-ins for Line 33 from overflow page												
. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE OLD LYME INSURANCE COMPANY OF RHODE ISLAND, INC. 1 6 0 2 0 0 5 4 3 0 3 3 1 0 0 0 EVELIDIT OF REPRENDING AND LOSSES (Statutory Page 14)

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14) BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR 2005

	Gross Premiums, I Membership Fees, Lo and Premiums on	ess Return Premiums	3	4	5	6	7	8	9	10	11	12
	1 Direct Premiums	2 Direct Premiums	Dividends Paid or Credited to Policyholders on	Direct Unearned Premium	Direct Losses Paid (deducting	Direct Losses	Direct Losses	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Direct Defense and Cost Containment	Commissions and Brokerage	Taxes, Licens
Line of Business	Written	Earned	Direct Business	Reserves	salvage)	Incurred	Unpaid	Expense Paid	Expense Incurred	Expense Unpaid	Expenses	and Fees
Fire					65,045	52,414	189,901					1,
1 Allied lines												
2 Multiple peril crop												
3 Federal flood												
Farmowners multiple peril												
Homeowners multiple peril						(129,008)	124,994				(2.504)	
Commercial multiple peril (non-liability portion)	(1,050)	(10,012)			1 / 1 . 1		83,300				(3,504)	
2 Commercial multiple peril (liability portion)	(1,000)				55,692	(00,000)					(000)	
Mortgage guaranty Ocean marine												
Inland marine												
Medical malpractice												
Earthquake												
Earthquake												
Credit A and H (group and individual)												
Collectively renewable A and H (b)												
Non-cancellable A and H (b)												
Guaranteed renewable A and H (b)												
Non-renewable for stated reasons only (b)												
Other accident only												
6 All other A and H (b)												
Federal employees health benefits program premium (b)												
Workers' compensation												
Other liability					104 624	(18,341)	405,630	61	61			3
Products liability												
Other private passenger auto liability												
Commercial auto no-fault (personal injury protection)												
Other commercial auto liability												
Private passenger auto physical damage												
Commercial auto physical damage												
Aircraft (all perils)				.					1			
Fidelity												
Surety												
Burglary and theft												
Boiler and machinery												
Credit												
Aggregate write-ins for other lines of business												
TŎŤAĽS (a)	(11,870)	(11,870)			308,279	(180,535)	803,825	61	61		(4,154)	5,
AILS OF WRITE-INS												
1				.								
2												
. Summary of remaining write-ins for Line 33 from overflow page												
											1	1

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14) BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2005

	Gross Premiums, I Membership Fees, Le and Premiums on	ess Return Premiums	3	4	5	6	7	8	9	10	11	12
	1	2	Dividends Paid or Credited to	Direct	Direct Losses Paid			Direct Defense and Cost	Direct Defense and Cost	Direct Defense and Cost	Commissions	
Line of Business	Direct Premiums Written	Direct Premiums Earned	Policyholders on Direct Business	Unearned Premium Reserves	(deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Containment Expense Paid	Containment Expense Incurred	Containment Expense Unpaid	and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire												
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)												
5.2 Commercial multiple peril (liability portion)												
Mortgage guaranty Ocean marine												
10. Financial guaranty												
12. Earthquake												
Group accident and health (b) Credit A and H (group and individual)												
14. Credit A and H (group and individual) 15.1 Collectively renewable A and H (b)												
15.2 Non-cancellable A and H (b)												
15.2 Non-cancellable A and H (b)												
15.3 Guaranteed renewable A and Fr (b) 15.4 Non-renewable for stated reasons only (b)												
15.4 Non-renewable for stated reasons only (b)												
						NE						
15.6 All other A and H (b)												
16. Workers' compensation												
17. Other liability												
18. Products liability												
19.2 Other private passenger auto liability				_		· · · · · · · · · · · · · · · · · · ·						
19.3 Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability				1		1	[
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Surety												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business						1	[[[1
34. TOTALS (a)						.]		[1	[
DETAILS OF WRITE-INS												
3301												.
3302.				.[.						. [
3303.												
						.						.
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												
· / · · · · · · · · · · · · · · · · · ·				1		1	1	1	1		1	1

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE OLD LYME INSURANCE COMPANY OF RHODE ISLAND, INC. 1 6 0 2 0 0 5 4 3 0 5 8 1 0 0 EVELOPT OF REPORT IMP AND LOSSES (Statutory Page 14)

EXHIBIT OF PREMIUMS AND LOSSES (Statutory Page 14) BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2005

	Membership Fees, L	Including Policy and ess Return Premiums Policies not Taken	3	4	5	6	7	8	9	10	11	12
Line of Business	1 Direct Premiums Written	2 Direct Premiums Earned	Dividends Paid or Credited to Policyholders on Direct Business	Direct Unearned Premium Reserves	Direct Losses Paid (deducting salvage)	Direct Losses Incurred	Direct Losses Unpaid	Direct Defense and Cost Containment Expense Paid	Direct Defense and Cost Containment Expense Incurred	Direct Defense and Cost Containment Expense Unpaid	Commissions and Brokerage Expenses	Taxes, Licenses and Fees
1. Fire					65,045	52,414	189,901					1.400
2.1 Allied lines												
2.2 Multiple peril crop												
2.3 Federal flood												
3. Farmowners multiple peril												
4. Homeowners multiple peril												
5.1 Commercial multiple peril (non-liability portion)		(10,012)			87,218	(135,763)	124,994				(3,504)	1,390
5.2 Commercial multiple peril (liability portion)		(, /			55,692	(90,600)	83,300				(658)	150
Mortgage guaranty Ocean marine												
9. Inland marine												
10. Financial guaranty												
11. Medical malpractice												
12. Earthquake												
13. Group accident and health (b)												
14. Credit A and H (group and individual)												
15.1 Collectively renewable A and H (b)												
15.2 Non-cancellable A and H (b)												
15.3 Guaranteed renewable A and H (b)												
15.4 Non-renewable for stated reasons only (b)												
15.5 Other accident only												
15.6 All other A and H (b)												
15.7 Federal employees health benefits program premium (b)												
16. Workers' compensation												
17. Other liability					104,624	(18,341)	405,630	61	61			3,006
18. Products liability												
Other private passenger auto liability Commercial auto no-fault (personal injury protection)												
19.4 Other commercial auto liability												
21.1 Private passenger auto physical damage												
21.2 Commercial auto physical damage												
22. Aircraft (all perils)												
23. Fidelity												
24. Suretý												
26. Burglary and theft												
27. Boiler and machinery												
28. Credit												
33. Aggregate write-ins for other lines of business								<u>-</u>				
34. TŎŤAĽS (a)	(11,892)	(11,892)			312,579	(192,290)	803,825	61	61		(4, 162)	5,946
DETAILS OF WRITE-INS												
3301												
3302												
3303.								1	1	[[[
3398. Summary of remaining write-ins for Line 33 from overflow page												
3399. Totals (Line 3301 through Line 3303 plus Line 3398) (Line 33 above)												
, (,,,,,,,,,,,,	1	1	1	1				1	1	1		I

⁽a) Finance and service charges not included in Line 1 to Line 34 \$
(b) For health business on indicated lines report: Number of persons insured under PPO managed care products and number of persons insured under indemnity only products.

Page 21
Schedule A, Verification Between Years
NONE

Schedule B, Verification Between Years **NONE**

Schedule BA, Verification Between Years **NONE**

SCHEDULE D - PART 1A - SECTION 1

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	q	10	11
		_		·						10	
	1 Year or	Over 1 Year Through	Over 5 Years Through	Over 10 Years Through	Over 20	Total Current	Column 6 as a % of	Total from Column 6	% From Column 7	Total Publicly	Total Privately
Quality Rating per the NAIC Designation	Less	5 Years	10 Years	20 Years	Years	Year	Line 10.7	Prior Year	Prior Year	Traded	Placed (a)
1. U.S. Governments, Schedules D and DA (Group 1)											
1.1 Class 1	2,958,741			2,257,888	10,868,027	16,084,656	79.5	, ,	80.4	16,084,656	
1.2 Class 2 1.3 Class 3											
1.4 Class 4											
1.5 Class 5											
1.7 Totals	2,958,741			2,257,888	10,868,027	16,084,656	79.5	64,853,995	80.4	16,084,656	
All Other Governments, Schedules D and DA (Group 2) Class 1											
2.2 Class 2											
2.5 Class 5											
2.6 Class 6											
2.7 Totals											
3. States, Territories and Possessions etc., Guaranteed, Schedules D and DA (Group 3)											
3.1 Class 1	201,414		1,402,865	901,774		4,149,272	20.5	15,811,445	19.6	4,149,272	
3.2 Class 2											
3.5 Class 5											
								4- 044 44-			
3.7 Totals	201,414	1,643,219	1,402,865	901,774		4,149,272	20.5	15,811,445	19.6	4,149,272	
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Class 1											
4.3 Class 3											
4.4 Class 4 4.5 Class 5											
4.7 Totals											-
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)											
5.1 Class 1											
5.3 Class 3											
5.4 Class 4											
5.6 Class 6											
5.7 Totals											
5.7 Totals											

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ANNUAL STATEMENT FOR THE YEAR 2005 OF THE OLD LYME INSURANCE COMPANY OF RHODE ISLAND, INC.

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	q	10	11
	•	_		T	ľ		· '	ľ		10	. ''
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total from Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
6. Public Utilities (Unaffiliated), Schedules D and DA (Group 6)											
6.1 Class 1											
6.3 Class 3											
6.4 Class 4											
6.6 Class 6											
6.7 Totals											
7. Industrial and Miscellaneous (Unaffiliated), Schedules D and DA (Group 7) 7.1 Class 1											
7.2 Class 2											
7.3 Class 3 7.4 Class 4											
7.5 Class 5											
7.6 Class 6					<u> </u>						
7.7 Totals											
8. Credit Tenant Loans, Schedules D and DA (Group 8)					_						
8.1 Class 1	 										₁
8.2 Class 2 8.3 Class 3	-				:						
8.4 Class 4		[· · · · · · · · · · · · · · · · · · ·	1	l	ļ						₁
8.5 Class 5											
0.7 Table											
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9)											
9.1 Class 1 9.2 Class 2											
9.3 Class 3											1
9.4 Class 4											
9.6 Class 6											
9.7 Totals											
9.7 Totals											

SCHEDULE D - PART 1A - SECTION 1 (continued)

Quality and Maturity Distribution of All Bonds Owned December 31, at Book/Adjusted Carrying Values by Major Types of Issues and NAIC Designations

	1	2	3	4	5	6	7	8	9	10	11
Quality Rating per the NAIC Designation	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total from Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed (a)
0. Total Bonds Current Year 10.1 Class 1 10.2 Class 2 10.3 Class 3 10.4 Class 4 10.5 Class 5 10.6 Class 6		1,643,219	1,402,865	3,159,662	10,868,027	20,233,928 	100.0	XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX	20,233,928	
10.7 Totals 10.8 Line 10.7 as a % of Column 6		1,643,219	1,402,865	3,159,662 15.6	10,868,027	(b) 20,233,928 100.0	100.0 XXX	XXX XXX	XXX	20,233,928	
1. Total Bonds Prior Year 11. 1 Class 1 11. 2 Class 2 11. 3 Class 3 11. 4 Class 4 11. 5 Class 5 11. 6 Class 6		8,830,473	8,018,637	21,310,221		XXX XXX XXX XXX XXX	X X X X X X X X X X X X X X X X X X X X	(c) (c)	100.0	80,665,440	
11.7 Totals		8,830,473 10.9	8,018,637 9.9	21,310,221		XXX	XXX	(b) 80,665,440 100.0	100.0	80,665,440 100.0	
P. Total Publicly Traded Bonds 12.1 Class 1 12.2 Class 2 12.3 Class 3 12.4 Class 4 12.5 Class 5 12.6 Class 5		1,643,219	1,402,865	3,159,662	10,868,027	20,233,928	100.0	80,665,440	100.0	20,233,928	XXX XXX XXX XXX XXX
12.7 Totals 12.8 Line 12.7 as a % of Column 6 12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10		1,643,219 8.1	1,402,865 6.9	3,159,662 15.6	10,868,027 53.7 53.7	20,233,928 100.0 100.0	100.0 XXX XXX	80,665,440 XXX XXX	100.0 XXX XXX	20,233,928 100.0	XXX XXX XXX
8. Total Privately Placed Bonds 13.1 Class 1 13.2 Class 2 13.3 Class 3 13.4 Class 4 13.5 Class 5 13.6 Class 6										X X X X X X X X X X X X X X X X X X X X	
13.7 Totals 13.8 Line 13.7 as a % of Column 6 13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10							XXX	XXX	XXX	XXX XXX XXX	

⁽b) Includes \$ current year, \$ prior year of bonds with Z designation was not assigned by the Securities Valuation Office (SVO) at the date of the statement. "Z*" means the SVO could not evaluate the obligation because valuation procedures for the security class is under regulatory review.

SCHEDULE D - PART 1A - SECTION 2

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	g	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total From Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed
1. U.S. Governments, Schedules D and DA (Group 1)											
Issuer Obligations Single Class Mortgage-Backed / Asset-Backed Securities	2,958,741			2,257,888	10,868,027	16,084,656	79.5		80.4	16,084,656	
1.2 Single Class Mongage-backed/ Asset-backed Securities											
1.7 Totals	2,958,741			2,257,888	10,868,027	16,084,656	79.5	64,853,995	80.4	16,084,656	
2. All Other Governments, Schedules D and DA (Group 2)											
Issuer Obligations Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLĂSS RESIDENŤIĂL MORTGAGE-BACKED SECURITIES:											
2.3 Defined											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
2.5 Defined											
2.6 Other											
2.7 Totals											
3. States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 3)											
3.1 Issuer Obligations	201,414		1,402,865	901,774		4,149,272	20.5		19.6	4,149,272	
3.2 Single Class Mortgage-Backed/Asset-Backed Securities											
3.3 Defined 3.4 Other											
3.4 Other											
3.5 Defined											
3.6 Other											
3.7 Totals	201,414	1,643,219	1,402,865	901,774		4,149,272	20.5	15,811,445	19.6	4,149,272	
4. Political Subdivisions of States, Territories and Possessions, Guaranteed, Schedules D and DA (Group 4)											
4.1 Issuer Obligations 4.2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:											
4.3 Defined 4.4 Other											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
4.5 Defined 4.6 Other											
4.7 Totals											
5. Special Revenue and Special Assessment Obligations etc., Non-Guaranteed, Schedules D and DA (Group 5)											
Issuer Obligations Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLĂSS RESIDENŤIĂL MORTGAGE-BACKED SECURITIES:											
5.3 Defined											
MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
5.5 Defined											
5.6 Other											
5.7 Totals											
		1	1	I .	1	l	l	1	l .	l	1

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ANNUAL STATEMENT FOR THE YEAR 2005 OF THE OLD LYME INSURANCE COMPANY OF RHODE ISLAND, INC.

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total From Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed
6. Public Utilities (Unaffiliated), Schedules D and DA (Group 6)											
6.1 Issuer Obligations 6.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: 6.3 Defined											
6.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
6.5 Defined											
6.7 Totals											
7. Industrial and Miscellaneous (Unaffiliated), Schedules D and DA (Group 7) 7.1 Issuer Obligations											
7.2 Single Class Mortgage-Backed/Asset-Backed Securities			l								
7.3 Defined 7.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:											
7.5 Defined											
7.7 Totals											
8. Credit Tenant Loans, Schedules D and DA (Group 8) 8.1 Issuer Obligations		.			_ 						
8.7 Totals											
9. Parent, Subsidiaries and Affiliates, Schedules D and DA (Group 9) 9. 1 Issuer Obligations 9. 2 Single Class Mortgage-Backed/Asset-Backed Securities											
MULTI-CLĀSS RESIDENĪTIĀL MORTGAGE-BACKED SECURITIES: 9.3 Defined											
9.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES: 9.5 Defined											
9.6 Other											
9.7 Totals		.									

SCHEDULE D - PART 1A - SECTION 2 (continued)

Maturity Distribution of All Bonds Owned December 31, At Book/Adjusted Carrying Values by Major Type and Subtype of Issues

	1	2	3	4	5	6	7	8	9	10	11
Distribution by Type	1 Year or Less	Over 1 Year Through 5 Years	Over 5 Years Through 10 Years	Over 10 Years Through 20 Years	Over 20 Years	Total Current Year	Column 6 as a % of Line 10.7	Total From Column 6 Prior Year	% From Column 7 Prior Year	Total Publicly Traded	Total Privately Placed
10. Total Bonds Current Year 10. 1 Issuer Obligations 10. 2 Single Class Mortgage-Backed/Asset-Backed Securities	3,160,155	1,643,219	1,402,865	3,159,662	10,868,027	20,233,928	100.0	XXX XXX	XXX XXX	20,233,928	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: 10.3 Defined 10.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:								XXX XXX	XXX		
MULTI-CLASS COMMERCIAL MURTGAGE-BACKED/ASSET-BACKED SECURITIES. 10.5 Defined 10.6 Other								XXX XXX	XXX XXX		
10.7 Totals		1,643,219	1,402,865 6.9	3,159,662	10,868,027 53.7	20,233,928		XXX	XXX	20,233,928	
11. Total Bonds Prior Year 11.1 Issuer Obligations 11.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:		8,830,473	8,018,637	21,310,221		XXX	XXX XXX	80,665,440	100.0	80,665,440	
MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: 11.3 Defined 11.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES:						XXX	XXX				
MILTI-CEROS COMMERCIAL MICRIGAGE-BACKED/ASSET-BACKED SECURITIES. 11.5 Defined 11.6 Other						XXX XXX	XXX XXX				
11.7 Totals		8,830,473 10.9	8,018,637 9.9	21,310,221		XXX	XXX	80,665,440	100.0 XXX	80,665,440 100.0	
12. Total Publicly Traded Bonds 12.1 Issuer Obligations 12.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES:			1,402,865	3,159,662	10,868,027	20,233,928		80,665,440	100.0	20,233,928	XXX XXX
12.3 Defined 12.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES: 12.5 Defined							1				XXX XXX
12.6 Other 12.7 Totals 12.8 Line 12.7 as a % of Column 6 12.9 Line 12.7 as a % of Line 10.7, Column 6, Section 10	3,160,155	1,643,219 8.1 8.1	1,402,865 6.9 6.9	3,159,662 15.6 15.6	10,868,027 53.7 53.7	20,233,928 100.0	100.0 XXX	80,665,440 XXX XXX		20,233,928	XXX XXX XXX XXX
13. Total Privately Placed Bonds 13.1 Issuer Obligations										XXX	
13.2 Single Class Mortgage-Backed/Asset-Backed Securities MULTI-CLASS RESIDENTIAL MORTGAGE-BACKED SECURITIES: 13.3 Defined										XXX XXX	
13.4 Other MULTI-CLASS COMMERCIAL MORTGAGE-BACKED/ASSET-BACKED SECURITIES: 13.5 Defined										XXX	
13.6 Other										XXX	
13.8 Line 13.7 as a % of Column 6 . 13.9 Line 13.7 as a % of Line 10.7, Column 6, Section 10 .							XXX	XXX XXX	XXX	XXX	

SCHEDULE DA - PART 2 - VERIFICATION BETWEEN YEARS

Short-Term Investments

	1	2	3	4 Other Short-term	5 Investments in Parent
	Total	Bonds	Mortgage Loans	Investment Assets (a)	Subsidiaries and Affiliates
Book/adjusted carrying value, December 31 of prior year	43,114,514			43,114,514	
Cost of short-term investments acquired	584,858,491				
Increase (decrease) by adjustment					
4. Increase (decrease) by foreign exchange adjustment					
5. Total profit (loss) on disposal of short-term investments					
6. Consideration received on disposal of short-term investments	602,958,756			602,958,756	
7. Book/adjusted carrying value, current year	25,014,249			25,014,249	
8. Total valuation allowance					
9. Subtotal (Line 7 plus Line 8)	25,014,249				
10. Total nonadmitted amounts					
11. Statement value (Line 9 minus Line 10)	25,014,249				
12. Income collected during year	1,389,238			1,389,238	
13. Income earned during year	1,389,238			1,389,238	

⁽a) Indicate the category of such assets, for example, joint ventures, transportation equipment:

Page 30
Schedule DB, Part A, Verification Between Years
NONE

Schedule DB, Part B, Verification Between Years **NONE**

Page 31
Schedule DB, Part C, Verification Between Years NONE

Schedule DB, Part D, Verification Between Years NONE

Schedule DB, Part E, Verification of Statement and Fair Values **NONE**

Page 32

Schedule DB, Pt. F, Section 1, Replicated (Synthetic) Assets Open NONE

Page 33

Sch. DB, Pt. F, Sn. 2, Reconciliation Replicated (Syn.) Assets **NONE**

SCHEDULE F - PART 1

Assumed Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5	Reinsura	ince On	8	9	10	11	12	13	14	15
Federal ID Number	NAIC Company Code	Name of Reinsured	Domiciliary Jurisdiction	Assumed Premium	6 Paid Losses and Loss Adjustment Expenses	7 Known Case Losses and LAE	Column 6 plus Column 7	Contingent Commissions Payable	Assumed Premiums Receivable	Unearned Premium	Funds Held By or Deposited With Reinsured Companies	Letters of Credit Posted	Amount of Assets Pledged or Compensating Balances to Secure Letters of Credit	Amount of Assets Pledged or Collateral Held in Trust
Other U.S.	Unaffiliated	Insurers		000										
06-1313745	44440	Discover Reinsurance Company	IN	200		2 239	2,239							
25-0687550	19445	National Union Fire Insurance Co of PA	PA			5	5							
36-1410470	22977	Lumbermens Mutual Insurance Company	L											
06-0529570		Security Insurance Company of Hartford	<u>CT</u>								25			
74-1296673		Highlands Insurance Company.	OT			000								
00-1024300 06-102222		Genesis Insurance Company	NV				4 700				407			
36-2950161		Evanston Insurance Company				2.819	0.040							
0599999 - Su	btotal - Othe	er U.S. Unaffiliated Insurers.				10,385	10,385							
9999999 - TO	TAL - Sche	dule F, Part 1		260		10,385	10,385				2,253			

SCHEDULE F - PART 2

Premium Portfolio Reinsurance Effected or (Cancelled) during Current Year

1	2	3	4	5	6
Federal ID Number	NAIC Company Code	Name of Company	Date of Contract	Original Premium	Reinsurance Premium
Reinsurance C 06-0529570 0199999 - TOT	Ceded by Portfolio 24902 AL Reinsurance Ce	Security Insurance Company of Hartford	12/29/2005		23,800,000 23,800,000
Reinsurance A 13-5616275 0299999 - TOT	Assumed by Portfolio 19453	CXRE Insurance Company sumed by Portfolio	02/15/2005		1,500,000 1,500,000

SCHEDULE F - PART 3

Ceded Reinsurance as of December 31, Current Year (000 Omitted)

1	2	3	4	5 Reinsurance	6				Reins	surance Recovera	able On				Reinsuran	ce Payable	18	19
Federal ID Number	NAIC Company Code	Name of Reinsurer	Domiciliary Jurisdiction	Contracts Ceding 75% or More of Direct Premiums Written	Reinsurance Premiums Ceded	7 Paid Losses	8 Paid LAE	9 Known Case Loss Reserves	10 Known Case LAE Reserves	11 IBNR Loss Reserves	12 IBNR LAE Reserves	13 Unearned Premiums	14 Contingent Commissions	15 Column 7 through Column 14 Totals	16 Ceded Balances Payable	17 Other Amounts Due to Reinsurers	Net Amount Recoverable From Reinsurers Columns 15 - (16 + 17)	Funds Held by Company Under Reinsurance Treaties
Authorized - (13-5616275 0599999 - Sul	Other U.S. Unaffili 19453 Transatl btotal - Authorized -	ated Insurers antic Reinsurance Company Other U.S. Unaffiliated Insurers	NY							1,518 1,518				1,518 1,518			1,518 1,518	
0999999 - Sul	ototal - Authorized .									1,518				1,518			1,518	
Unauthorized AA-1784124 1299999 - Sub	I - Affiliates - Other nSpire F ototal - Unauthorize	(Non-U.S.) te Limitedd - Affiliates - Other (Non-U.S.)	OT		248 248			10,693		14,139 14,139				24,832 24,832	3,559 3,559		21,273 21,273	
1399999 - Sul	btotal - Unauthorize	d - Affiliates			248			10,693		14,139				24,832	3,559		21,273	
1899999 - Sul	ototal - Unauthorize	d			248			10,693		14,139				24,832	3,559		21,273	
1999999 - Sul	ototal - Authorized a	and Unathorized			248			10,693		15,657				26,350	3,559		22,791	
9999999 - TO	TAL - Schedule F.	Part 3			248			10,693		15,657				26,350	3,559		22.791	

NOTE: A. Report the five largest provisional commission rates included in the cedant's reinsurance treaties. The commission rate to be reported is by contract with ceded premium in excess of \$50,000:

	1 <u>Name of Reinsurer</u>	2 Commission Rate	3 <u>Ceded Premium</u>
1)			
2)			
3)			
4)			
5)			

B. Report the five largest reinsurance recoverables reported in Column 15, due from any one reinsurer (based on the total recoverables, Line 9999999, Column 15), the amount of ceded premium, and indicate whether the recoverables are due from an affiliated insurer.

	1 <u>Name of Reinsurer</u>	2 <u>Total Recoverables</u>	3 Ceded Premium	4 <u>Affiliated</u>
1) 2)				Yes () No () Yes () No ()
3) 4)				Yes () No () Yes () No ()
5)				Yes () No ()

Page 37
Sch. F, Pt. 4, Aging of Ceded Reinsurance
NONE

SCHEDULE F - PART 5

Provision for Unauthorized Reinsurance as of December 31, Current Year (000 Omitted)

1 Federal ID Number	2 NAIC Company Code	3 Name of Reinsurer	4 Domiciliary Jurisdiction	5 Reinsurance Recoverable all Items Schedule F Part 3, Column 15	6 Funds Held By Company Under Reinsurance Treaties	7 Letters of Credit	8 Ceded Balances Payable	9 Miscellaneous Balances	Other Allowed Offset Items	Sum of Columns 6 through 10 but not in excess of Column 5	Subtotal Column 5 minus Column 11	13 Recoverable Paid Losses & LAE Expenses Over 90 Days past Due not in Dispute	20% of Amount in Column 13	Smaller of Column 11 or Column 14	16 Smaller of Column 11 or 20% of Amount in Dispute Included in Column 5	17 Total Provision for Unauthorized Reinsurance Smaller of Column 5 or Columns 12 + 15 + 16
Affiliates - Othe AA-1784124 0399999 - Subto	r Non-U.S. In 00000 otal Affiliates -	nsurers nSpire Re Limited Other Non-U.S. Insurers.	OT	24,832 24,832		22,950 22,950	3,559 3,559			24,832 24,832						
										24,832						
0999999 - Subto	otal Affiliates a	nd Others		24,832		22,950	3,559			24,832						
9999999 - TOTA	AL - Schedule I	F. Part 5		24, 832		22.950	3.559			24.832						

Page 39
Sch. F, Pt. 6, Provision for Overdue Authorized Reinsurance NONE

Page 40
Sch. F, Pt. 7, Provision for Overdue Reinsurance NONE

SCHEDULE F - PART 8

Restatement of Balance Sheet to Identify Net Credit for Reinsurance

	1	2	3
	As Reported (Net of Ceded)	Restatement Adjustments	Restated (Gross of Ceded)
ASSETS (Page 2, Column 3)			
1. Cash and invested assets (Line 10)	45,366,768		45,366,768
2. Premiums and considerations (Line 13)			
3. Reinsurance recoverable on loss and loss adjustment expense payments (Line 14.1)			
4. Funds held by or deposited with reinsured companies (Line 14.2)	2,253,348		2,253,348
5. Other assets	407,901		407,901
6. Net amount recoverable from reinsurers.		22,791,341	22,791,341
7. Totals (Line 26)	48,028,017	22,791,341	70,819,358
LIABILITIES (Page 3)			
8. Losses and loss adjustment expenses (Line 1 through Line 3)		26,350,017	26,350,017
9. Taxes, expenses, and other obligations (Line 4 through Line 8)	1,013,560		1,013,560
10. Unearned premiums (Line 9)			
11. Advance premiums (Line 10)			
12. Dividends declared and unpaid (Line 11.1 and Line 11.2)	100,000		100,000
13. Ceded reinsurance premiums payable (net of ceding commissions) (Line 12)	3,558,676	(3,558,676)	
14. Funds held by company under reinsurance treaties (Line 13)			
15. Amounts withheld or retained by company for account of others (Line 14)			
16. Provision for reinsurance (Line 16)			
17. Other liabilities (Line 15 and Line 17 through Line 23)	1,090,771		1,090,771
18. Total liabilities excluding protected cell business (Line 26 minus Line 25)	5,763,007	22,791,341	28,554,348
19. Surplus as regards policyholders (Line 35)	42,265,010	xxx	42,265,010
20. Totals (Line 36)	48,028,017	22,791,341	70,819,358
NOTE: Is the restatement of this exhibit the result of grossing up balances ceded to affiliates under 100 percent reinsurance or pooling arrangement	nts?	Yes	() No (X)
If yes, give full explanation:			

Page 42
Sch. H, Accident and Health Exhibit, Part 1
NONE

Page 43
Sch. H, Accident and Health Exhibit, Part 2 **NONE**

Sch. H, Accident and Health Exhibit, Part 3 NONE

Sch. H, Accident and Health Exhibit, Part 4 **NONE**

Page 44
Sch. H, Pt. 5, Health Claims
NONE

SCHEDULE P - PART 1A - HOMEOWNERS/FARMOWNERS

		Premiums Earned		Loss and Loss Expense Payments								12
Years in Which Premiums	1	2	3	Loss Pa	yments	Defense Containmer	and Cost It Payments	Adjusting Payr	and Other nents	10	11 Total	Number of Claims
Were Earned and Losses Were Incurred	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1996 3. 1997						20						34
4. 1998	446		446	61		10		9			80	23
5. 1999 6. 2000												
7. 2001												
8. 2002												
9. 2003												
10. 2004												
12. Totals	XXX	XXX	XXX	208		40		22			270	XXX

		Losses	Unpaid		De	efense and Cost C	Containment Unpa	id	Adjusting and	Other Unpaid	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	IBNR	21	22		Total Net	Number of Claims
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Losses and Expenses Unpaid	Outstanding - Direct & Assumed
1													
2													
3													
4													
5													
6													
/													
8													
9 10													
11													
111													
12													

	Total Loss	es and Loss Expense	s Incurred	Loss and Loss Expense Percentage (Incurred/Premiums Earned)			Nonta Disc		34	Net Balance Sheet Reserves After Discount		
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid	
1 2 3 4 5 6 7 8 9 10	XXX 	XXX	XXX 	XXX 21.1 26.5 17.9	XXX	XXX 21.1 26.5 17.9			XXX			
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX			

Page 48
Sch. P, Pt. 1B, Private Passenger Auto Liability/Medical NONE

Page 49
Sch. P, Pt. 1C, Commercial Auto/Truck Liability/Medical NONE

Page 50

Sch. P, Pt. 1D, Workers' Compensation NONE

SCHEDULE P - PART 1E - COMMERCIAL MULTIPLE PERIL

	1	Premiums Earned					Loss and Loss Ex	pense Payments				12
Years in Which Premiums	1	2	3	Loss Pa	yments	Defense Containmer		Adjusting Payn		10	11 Total	Number of Claims
Were Earned and Losses Were Incurred	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Reported - Direct and Assumed
TVCIC IIIOUITCU	7100011100	Ocucu	(Ooldining 1 2)	7100011100	Ocaca	7 loourilou		7 toouriou	Occuba	rtcocivou		Aoduniou
1. Prior	XXX	XXX	XXX									XXX
2. 1996	5,822		5,822	837		59		50			946	97
3. 1997	6,671		6,671	900		70		11			981	106
4. 1998	7,117		7,117	933		46		9			988	85
5. 1999	7,738		7,738	878		57		17			952	89
6. 2000	7,486		7,486	1,267	6	71					1,332	121
7. 2001	7,480		7,480	875	23	57					909	86
8. 2002	9,774		9,774	1,057	1	65					1,121	108
9. 2003	5,482	220	5,262	833	488	28	3				370	42
10. 2004	3,682	3,682		364	364	10	10					51
11. 2005	(12)	(12)										
12. Totals	XXX	XXX	XXX	7,944	882	463	13	87			7,599	XXX

		Losses	Unpaid		Do	efense and Cost C	Containment Unpa	iid	Adjusting and	Other Unpaid	23	24	25
	Case	Basis	Bulk +	- IBNR	Case	Basis	Bulk +	· IBNR	21	22		Total Net	Number of Claims
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Losses and Expenses Unpaid	Outstanding - Direct & Assumed
1													
3													
4 5													
6 7													
8													
9 10	28	28	177	177									2
11													
12	32	32	177	177									3

	Total Loss	es and Loss Expense	s Incurred		I Loss Expense Pe rred/Premiums Ea			abular count	34		nce Sheet fter Discount
	26	27	28	29	30	31	32	33	Inter-Company Pooling	35	36
	Direct and Assumed	Ceded	Net	Direct and Assumed	Ceded	Net	Loss	Loss Expense	Participation Percentage	Losses Unpaid	Loss Expenses Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2	946		946	16.2		16.2					
3	981		981	14.7		14.7					
4	988		988	13.9		13.9					
5	952		952	12.3		12.3					
6	1,338	6	1,332	17.9		17.8					
7	932	23	909	12.5		12.2					
8	1,122	1	1,121	11.5		11.5					
9	865	495	370	15.8	225.0	7.0					
10 11	579	579		15.7	15.7						
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Page 52
Sch. P, Pt. 1F, Sn. 1, Medical Malpractice, Occurrence NONE

Page 53
Sch. P, Pt. 1F, Sn. 2, Medical Malpractice, Claims Made NONE

SCHEDULE P - PART 1G - SPECIAL LIABILITY (OCEAN, MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

		Premiums Earned	I				Loss and Loss Ex	cpense Payments				12
Years in Which Premiums	1	2	3	Loss Pa	yments	Defense Containmer		Adjusting Payn		10	11 Total	Number of Claims
Were Earned and Losses Were Incurred	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Reported - Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1996 3. 1997												XXX
4. 1998 5. 1999	34	34		12	12							X X X X X X
6. 2000 7. 2001	47 4				17	1 	1 					X X X X X X
8. 2002 9. 2003												XXX XXX
10. 2004 11. 2005												X X X X X X
12. Totals	XXX	XXX	XXX	29	29	2	2					XXX

		Losses	Unpaid		De	efense and Cost C	Containment Unpa	id	Adjusting and	Other Unpaid	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	IBNR	21	22		Total Net	Number of Claims
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Losses and Expenses Unpaid	Outstanding - Direct & Assumed
1													
3													
5													
6 7													
8 9													
10													
12													

	Total Loss	es and Loss Expense	s Incurred		d Loss Expense Perred/Premiums Ea		Nonta Disc		34		nce Sheet fter Discount
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1 2 3	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
4 5 6				38.2	38.2						
8 9											
11	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1H - SECTION 1 OTHER LIABILITY - OCCURRENCE

		Premiums Earned					Loss and Loss Ex	cpense Payments				12
Years in Which Premiums	1	2	3	Loss Pa	ayments	Defense Containmer		Adjusting Payn	and Other nents	10	11 Total	Number of Claims
Were Earned and Losses Were Incurred	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Reported - Direct and Assumed
	7100011100		(00:0::::::0 : 2)	7100011100		7100011100		7100011100	00000	110001104		7100411104
1. Prior	XXX	XXX	XXX									XXX
2. 1996	767	245	522	753	385	25		4			397	55
3. 1997	935	153	782	379	94	42		141			468	46
4. 1998	752	89	663	200	112	20		126			234	35
5. 1999	850	70	780	60	12	12		86			146	39
6. 2000	910	60	850	59	12			81			129	40
7. 2001	704	72	632	30		2	1				113	
8. 2002	572	(4)	576								81	
9. 2003	32	787	(755)					89				
10. 2004	17	17	l									
11. 2005												
12. Totals	XXX	XXX	XXX	1,481	635	102	1	710			1,657	XXX

		Losses	Unpaid		De	efense and Cost C	Containment Unpa	iid	Adjusting and	Other Unpaid	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· IBNR	21	22		Total Net	Number of Claims
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Losses and Expenses Unpaid	Outstanding - Direct & Assumed
1	245	245	89	89									
3 4			1	1									1
5	12	12		11									1
6 7	4	4		3									4
8 9													
10 11													
12	261	261	145	145									6

	Total Loss	es and Loss Expense	es Incurred	1	I Loss Expense Per rred/Premiums Ea	•	Nonta Disc		34	Net Balar Reserves A	nce Sheet fter Discount
	26 Direct and	27	28	29 Direct and	30	31	32	33 Loss	Inter-Company Pooling Participation	35 Losses	36 Loss Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2	782	385	397	102.0	157.1	76.1					
3	563	95	468	60.2	62.1	59.8					
4	387	153	234	51.5	171.9	35.3					
5	181	35	146	21.3	50.0	18.7					
6	148	19	129	16.3	31.7	15.2					
7	134	21	113	19.0	29.2	17.9					
8			81	14.2		14.1					
9			89	278.1		(11.8)					
0											
11											
2	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1H - SECTION 2 OTHER LIABILITY - CLAIMS-MADE

		Premiums Earned	i				Loss and Loss Ex	xpense Payments				12
Years in Which Premiums	1	2	3	Loss Pa	yments	Defense Containmer		Adjusting Payn		10	11 Total	Number of Claims
Were Earned and Losses Were Incurred	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Net Paid (Columns 4 - 5 + 6 -7 + 8 - 9)	Reported - Direct and Assumed
1. Prior 2. 1996	XXX	XXX	XXX									XXX
3. 1997	157	151	6									
4. 1998 5. 1999	67	60										
6. 2000 7. 2001												
8. 2002 9. 2003												
10. 2004												
11. 2005												
12. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		De	efense and Cost C	Containment Unpa	id	Adjusting and	Other Unpaid	23	24	25
	Case	Basis	Bulk +	IBNR	Case	Basis	Bulk +	IBNR	21	22		Total Net	Number of Claims
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Losses and Expenses Unpaid	Outstanding - Direct & Assumed
1													
3 1													
5													
6 7													
8 9													
10													
11													
12													

	Total Loss	es and Loss Expense	es Incurred		d Loss Expense Pe rred/Premiums Ea		Nonta Disc		34	Net Balar Reserves Af	
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
3											
5											
7 8											
9											
11											
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

		Premiums Earned	l				Loss and Loss Ex	pense Payments				12
Years in Which Premiums	1	2	3	Loss Pa	yments	Defense Containmer		Adjusting Payr	and Other nents	10	11 Total	Number of Claims
Were Earned and Losses Were Incurred	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Net Paid (Columns 4 - 5 + 6 - 7 + 8 - 9)	Reported - Direct and Assumed
1. Prior 2. 2004 3. 2005	X X X 1,464	X X X 1,464	XXX	109	109	6	6					XXX XXX XXX
4. Totals	XXX	XXX	XXX	109	109	6	6					XXX

		Losses	Unpaid		De	efense and Cost C	Containment Unpa	iid	Adjusting and	Other Unpaid	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· IBNR	21	22		Total Net	Number of Claims
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Losses and Expenses Unpaid	Outstanding - Direct & Assumed
1 2 3			162	162									
4			162	162									

	Total Losse	es and Loss Expense	s Incurred	Loss and (Incur	I Loss Expense Perred/Premiums Ea	rcentage rned)	Nonta Disc		34	Net Balar Reserves Af	
	26 Direct and	27	28	29 Direct and	30	31	32	33 Loss	Inter-Company Pooling Participation	35 Losses	36 Loss Expenses
	Assumed	Ceded	Net	Assumed	Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	X X X	X X X	XXX	X X X	X X X	XXX			XXX		
3											
4	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

SCHEDULE P - PART 1J - AUTO PHYSICAL DAMAGE

		Premiums Earned	d				Loss and Loss Ex	xpense Payments				12
Years in Which Premiums	1	2	3	Loss Pa	ayments	Defense Containmer		Adjusting Payr	and Other nents	10	11 Total	Number of Claims
Were Earned and Losses Were Incurred	Direct and Assumed	Ceded	Net (Columns 1 - 2)	4 Direct and Assumed	5 Ceded	6 Direct and Assumed	7 Ceded	8 Direct and Assumed	9 Ceded	Salvage and Subrogation Received	Net Paid (Cols 4 - 5 + 6 - 7 + 8 - 9)	Reported - Direct and Assumed
1. Prior 2. 2004 3. 2005	XXX	XXX	XXX									XXX
4. Totals	XXX	XXX	XXX									XXX

		Losses	Unpaid		De	efense and Cost C	Containment Unpa	iid	Adjusting and	Other Unpaid	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	· IBNR	21	22		Total Net	Number of Claims
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Losses and Expenses Unpaid	Outstanding - Direct & Assumed
1													
3													
4													

	Total Loss	es and Loss Expense	es Incurred	Loss and (Incu	d Loss Expense Perred/Premiums Ea	rcentage rned)	Nonta Disc		34	Net Balar Reserves Af	
	26 Direct and	27	28	29 Direct and	30	31	32	33 Loss	Inter-Company Pooling Participation	35 Losses	36 Loss Expenses
	Assumed				Ceded	Net	Loss	Expense	Percentage	Unpaid	Unpaid
1	XXX	Assumed Ceded Net			XXX	XXX			XXX		
3											
4	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Page 59
Sch. P, Pt. 1K, Fidelity/Surety
NONE

Page 60

Sch. P, Pt. 1L, Other (Including Credit, Accident/Health) **NONE**

Page 61

Sch. P, Pt. 1M, International NONE

Page 62
Sch. P, Pt. 1N, Reinsurance Property
NONE

SCHEDULE P - PART 10 - REINSURANCE

Nonproportional Assumed Liability (\$000 Omitted)

		Premiums Earned	I				Loss and Loss Ex	pense Payments				12
Years in Which Premiums	1	2	3	Loss Pa	ayments	Defense Containmen		Adjusting Paym		10	11 Total	Number of Claims
Were Earned				4	5	6	7	8	9	Salvage and	Net Paid	Reported -
and Losses Were Incurred	Direct and Assumed	Ceded	Net (Columns 1 - 2)	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Direct and Assumed	Ceded	Subrogation Received	(Columns 4 - 5 + 6 - 7 + 8 - 9)	Direct and Assumed
1. Prior	XXX	XXX	XXX									XXX
2. 1996	9,531	275	9,256	6,243	648	15		81			5,691	XXX
3. 1997	9,792	254	9,538	6,022	833			30			5,219	XXX
4. 1998	11,435	207	11,228	6,831	1,465						5,393	XXX
5. 1999	14,249	538	13,711	8, 193	1, 193						7,064	XXX
6. 2000	19,595	1,531	18,064	10,752	2,564			5			8 , 193	XXX
7. 2001	., .	2,774	23,004	14,231	4,496			6			9,741	XXX
8. 2002	29,541	1,006	28,535	13,069	9,514						3,555	XXX
	37,461	49,660	. , ,	15,128	14,654						474	XXX
	18,529	18,529		2,933	2,933							XXX
11. 2005	260	260										XXX
12. Totals	XXX	XXX	XXX	83,402	38,300	19		209			45,330	XXX

		Losses	Unpaid		D	efense and Cost C	Containment Unpa	id	Adjusting and	Other Unpaid	23	24	25
	Case	Basis	Bulk +	· IBNR	Case	Basis	Bulk +	IBNR	21	22		Total Nat	Number of
	13 Direct and Assumed	14 Ceded	15 Direct and Assumed	16 Ceded	17 Direct and Assumed	18 Ceded	19 Direct and Assumed	20 Ceded	Direct and Assumed	Ceded	Salvage and Subrogation Anticipated	Total Net Losses and Expenses Unpaid	Claims Outstanding - Direct & Assumed
1													XXX
2	75	75	189	189									XXX
3	112	112	322	322									XXX
4	72	72	462	462									XXX
5			580	580									XXX
6	970	970	2,249	2,249									XXX
8	11.970	11.970	1,277	1,277									XXX
9	2.319	2.319	4.486	4.486									XXX
10	4.327	4.327	3.718	3,718									XXX
11													XXX
12	10,385	10,385	15,160	15,160									XXX

	Total Loss	es and Loss Expense	es Incurred		I Loss Expense Per rred/Premiums Ea		Nonta Disc		34		nce Sheet fter Discount
	26 Direct and Assumed	27 Ceded	28 Net	29 Direct and Assumed	30 Ceded	31 Net	32 Loss	33 Loss Expense	Inter-Company Pooling Participation Percentage	35 Losses Unpaid	36 Loss Expenses Unpaid
1	XXX	XXX	XXX	XXX	XXX	XXX			XXX		
2	6,603	912	5,691	69.3	331.6	61.5					
3	6,486	1,267	5,219	66.2	498.8	54.7					
4	7,392	1,999	5,393	64.6	965.7	48.0					
5	9,023	1,959	7,064	63.3	364.1	51.5					
6	13,415	5,222	8,193	68.5	341.1	45.4					
7	16,484	6,743	9,741	63.9	243.1	42.3					
8	16,861	13,306	3,555	57.1	1,322.7	12.5					
9	21,933	21,459	474	58.5	43.2	(3.9)					
10	10,978	10,978		59.2	59.2						
11											
12	XXX	XXX	XXX	XXX	XXX	XXX			XXX		

Page 64
Sch. P, Pt. 1P, Reinsurance Financial Lines
NONE

Page 65
Sch. P, Pt. 1R, Sn. 1, Products Liability, Occurrence NONE

Page 66

Sch. P, Pt. 1R, Sn. 2, Products Liability, Claims Made **NONE**

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Sch. P, Pt. 1S, Financial Guaranty/Mortgage Guaranty NONE

SCHEDULE P - PART 2A - HOMEOWNERS/FARMOWNERS

		INCURRED N	IET LOSSES AND	DEFENSE AND	COST CONTAINN	MENT EXPENSES	REPORTED AT	YEAR END (\$00	0 OMITTED)		DEVELO	PMENT
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	11	12
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1. Prior												
2. 1996 3. 1997	87 XXX			106		106						
4. 1998	XXX	XXX	85	71	71	71			71			
5. 1999 6. 2000	XXX	XXX	XXX	XXX								
7. 2001	XXX	XXX	XXX	XXX	XXX							
8. 2002 9. 2003	XXX	XXX	XXX	XXX XXX	XXX XXX	XXX	XXX					
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										40 T-4-1-		
										12. Totals		

SCHEDULE P - PART 2B PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005	XXX XXX XXX XXX XXX XXX XXX XXX		XXX XXX XXX XXX XXX XXX XXX	N		N			
		ı	l			I	I	12. Totals	

SCHEDULE P - PART 2C COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

12. Totals	2 1006	XXX XXX XXX XXX XXX XXX		XXX XXX XXX XXX XXX XXX	N			N				XXX	
------------	--------	--	--	--	---	--	--	---	--	--	--	-----	--

SCHEDULE P - PART 2D - WORKERS' COMPENSATION

1. Prior	XXX XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX	N		N			XXX	
							12. Totals		

SCHEDULE P - PART 2E - COMMERCIAL MULTIPLE PERIL

1. Prior												
2. 1996	1,166	979	924	921	922	911	896	896	896	896		
3. 1997			1,186	1,053	999		969	969	970	970		
4. 1998	XXX	XXX	1,257	1,089	1,019	992	987	979	979	979		
5. 1999	XXX	XXX	XXX	1,819	951	935	935	935	935	935		
6. 2000	XXX	XXX	XXX			1,370		1,332	1,332	1,332		
7. 2001	XXX	XXX	XXX	XXX	XXX	1,120	928	910	909	909		(1)
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	1,411	1,121	1,121	1,121		
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	3/0	370	370		
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				XXX
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
										12. Totals		

SCHEDULE P - PART 2F - SECTION 1 - MEDICAL MALPRACTICE - OCCURRENCE

	INCURRED NET LOSSES AND DEFENSE AND COST CONTAINMENT EXPENSES REPORTED AT YEAR END (\$000 OMITTED)											PMENT
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	11	12
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1. Prior												
2. 1996	XXX											
4. 1998	XXX	XXX										
5. 1999 6. 2000	XXX	XXX	XXX									
7. 2001	X X X X X X	XXX	XXX									
8. 2002	XXX	XXX	XXX									
9. 2003 10. 2004	X X X X X X	XXX	XXX	. .	T							XXX
11. 2005	XXX	XXX	XXX	<u>—</u>					X		XXX	XXX
										12. Totals		

SCHEDULE P - PART 2F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

1. Prior	XXX XXX XXX XXX XXX XXX XXX XXX XXX			N			XXX	
						12. Totals		

SCHEDULE P - PART 2G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005	XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX	N		N			
							12. Totals	

SCHEDULE P - PART 2H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	394 368	428 408 287 XXX	399	357 400 248 335 275 124 381 114 429 292 C 63 X X X X		393 327 108 60 48 11	393 327 108 60 48 11	393 327 108 60 48 11	
10. 2004 XXX 11. 2005 XXX	XXX XXX	XXX	(XX XXX	(XXX	XXX	XXX	XXX	12. Totals	XXX

SCHEDULE P - PART 2H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

	1. Prior	XXX XXX XXX XXX XXX XXX XXX XXX	**************************************		XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX		XXX XXX XXX					
--	----------	--	--	--	--	---------------------------------	--	-------------------	--	--	--	--	--

SCHEDULE P - PART 2I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

	INCURRED	NET LOSSES AN	D DEFENSE AND	COST CONTAIN	MENT EXPENSE	S REPORTED AT	Γ YEAR END (\$00	0 OMITTED)		DEVELO	PMENT
1	2	3	4	5	6	7	8	9	10	11	12
1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
XXX	XXX	XXX	XXX	XXX	XXX	XXX					
XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX
									4. Totals		
	XXX	1 2 1996 1997 XXX XXX XXX XXX	1 2 3 1996 1997 1998 XXX XXX XXX XXX XXX XXX XXX	1 2 3 4 1996 1997 1998 1999 XXX XXX XXX XXX XXX XXX XXX XXX XXX	1 2 3 4 5 1996 1997 1998 1999 2000 XXX XXX XXX XXX XXX XXX XXX XXX XXX	1 2 3 4 5 6 1996 1997 1998 1999 2000 2001 XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	1 2 3 4 5 6 7 1996 1997 1998 1999 2000 2001 2002 XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	1 2 3 4 5 6 7 8 1996 1997 1998 1999 2000 2001 2002 2003 XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	1 2 3 4 5 6 7 8 9 10 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX XXX	1 2 3 4 5 6 7 8 9 10 11 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 One Year XXX XXX

SCHEDULE P - PART 2J - AUTO PHYSICAL DAMAGE

1. Prior	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX	XXX		XXX	XXX
										4. Totals		

SCHEDULE P - PART 2K - FIDELITY, SURETY

1. Prior 2. 2004 3. 2005	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	» NO	NE X	XXX	XXX		XXX	XXX
										4. Totals		

SCHEDULE P - PART 2L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	» NO	NE X	XXX	XXX		XXX	XXX
										4. Totals		

SCHEDULE P - PART 2M - INTERNATIONAL

2 1006	XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX			N			XXX	
							12. Totals		

SCHEDULE P - PART 2N - REINSURANCE Nonproportional Assumed Property

		INCURRED N	NET LOSSES ANI	DEFENSE AND	COST CONTAINI	MENT EXPENSES	REPORTED AT	YEAR END (\$00	0 OMITTED)		DEVELO	PMENT
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	11	12
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	One Year	Two Year
1. Prior												
2. 1996	XXX											
4. 1998	XXX	XXX										
5. 1999 6. 2000	XXX XXX	XXX	XXX									
7. 2001	XXX	XXX	XXX									
8. 2002 9. 2003	X X X X X X	X X X X X X	XXX		TH 1							
10 . 2004	XXX	XXX	XXX									XXX
11. 2005	XXX	XXX	XXX								XXX	XXX
										12. Totals		

SCHEDULE P - PART 20 - REINSURANCE Nonproportional Assumed Liability

1. Prior	5,826 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	5,893 5,366 XXX XXX XXX XXX XXX XXX XXX XXX XXX	5,895 5,372 5,311 XXX XXX XXX XXX XXX XXX XXX XXX XXX	5,732 5,560 5,554 6,098 XXX XXX XXX XXX XXX XXX XXX	5,794 5,277 5,727 6,928 9,428 XXX XXX XXX XXX XXX XXX	5,796 5,216 5,712 7,500 10,609 14,075 XXX XXX XXX XXX	5,549 5,384 5,886 7,395 11,540 14,413 19,695 XXX XXX	5,610 5,190 5,366 7,004 8,188 9,734 3,555 474 XXX	5,610 5,189 5,366 7,004 8,188 9,735 3,555 474	5,610 5,189 5,366 7,004 8,188 9,735 3,555 474	XXX	(1)
										12. Totals		

SCHEDULE P - PART 2P - REINSURANCE Nonproportional Assumed Financial Lines

1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005	XXX XXX XXX XXX XXX XXX XXX XXX XXX	 XXX XXX XXX XXX XXX XXX XXX	 N	0		 	
						12. Totals	

Page 72
Sch. P, Pt. 2R, Sn. 1, Products Liability, Occurrence NONE

Sch. P, Pt. 2R, Sn. 2, Products Liability, Claims Made ${f NONE}$

Sch. P, Pt. 2S, Financial Guaranty/Mortgage Guaranty **NONE**

SCHEDULE P - PART 3A - HOMEOWNERS/FARMOWNERS

	(CUMULATIVE PA	AID NET LOSSES	AND DEFENSE A	AND COST CONTA	AINMENT EXPEN	SES REPORTED	AT YEAR END (\$000 OMITTED)		11 Number of	12 Number of
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	Claims Closed With	Claims Closed Without
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Loss Payment	Loss Payment
1. Prior	000											
2. 1996	46	70	71	71	71	71	71	71	71	71		9
3. 1997	XXX	94	106	106	106	106	106	106	106	106	22	10
4. 1998	XXX	XXX	70	71	71	71	71	71	71	71	19	4
5. 1999	XXX	XXX	XXX									
6. 2000	XXX	XXX	XXX	XXX								
7. 2001	XXX	XXX	XXX	XXX	XXX							
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX					
10 . 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			

SCHEDULE P - PART 3B PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1. Prior	0 0 0								
3. 1997	XXX	vv							
5. 1999 6. 2000	XXX	XXX XXX	XXX		7				
7. 2001	XXX	XXX	XXX						
9. 2003	XXX	XXX	XXX						
10 . 2004 11 . 2005	X X X X X X	XXX	XXX	_ `		_	 ΚΧΧ		

SCHEDULE P - PART 3C COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

2. 1996	000		N(N					
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SCHEDULE P - PART 3D - WORKERS' COMPENSATION

11. 2005 XXX XXX XXX XXX

SCHEDULE P - PART 3E - COMMERCIAL MULTIPLE PERIL

1. Prior	000											
2 1006	401	892	913	911	911	911	896	896	896	896	84	13
3. 1997		377	946	979			969			970	89	17
4. 1998	XXX	XXX	527	965		991			979		70	15
5. 1999	XXX	XXX				935			935			12
6. 2000	XXX	XXX	XXX				1,331					
7. 2001	XXX	XXX	XXX	XXX		306	889	910	909	909	77	9
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	785	1,121	1, 121	1,121	98	10
9. 2003	XXX	370	370	370	41							
10 . 2004	XXX	XXX			47	2						
11. 2005	XXX	XXX	XXX									

SCHEDULE P - PART 3F - SECTION 1 - MEDICAL MALPRACTICE - OCCURRENCE

	(CUMULATIVE PA	AID NET LOSSES	AND DEFENSE A	ND COST CONT	AINMENT EXPEN	SES REPORTED	AT YEAR END (\$000 OMITTED)		11 Number of	12 Number of
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	Claims	Claims Closed Without
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Loss Payment	Loss Payment
1. Prior	000											
2. 1996	XXX											
4. 1998	XXX	XXX										
5. 1999	XXX	XXX	XXX									
6. 2000 7. 2001	XXX XXX	X X X X X X	XXX									
8. 2002	XXX	XXX	XXX				M					
9. 2003 10. 2004	XXX XXX	X X X X X X	XXX									
11. 2005	XXX	XXX	XXX						(X X			
				1 1		1		1	1			

SCHEDULE P - PART 3F - SECTION 2 - MEDICAL MALPRACTICE - CLAIMS-MADE

1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005	000 XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX XXX			V				
			1	l		1	l		

SCHEDULE P - PART 3G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior 0 0 0 0 2. 1996

SCHEDULE P - PART 3H - SECTION 1 - OTHER LIABILITY - OCCURRENCE

1. Prior	000											
2. 1996	17	110	170	267	326	371	376	393	393	393	22	31
3. 1997	XXX	26	54	97	152	254	293	327	327	327	26	19
4. 1998	XXX	XXX	9	26	35	50	57	108	108	108	27	8
5. 1999	XXX	XXX	XXX	5	11	29	50	60	60	60	21	17
6. 2000	XXX	XXX	XXX	XXX	6	20		48	48	48	26	10
7. 2001	XXX	XXX	XXX	XXX	XXX	3		11	11	11	1	
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX						
9. 2003	XXX											
10 . 2004	XXX											
11. 2005	XXX											

SCHEDULE P - PART 3H - SECTION 2 - OTHER LIABILITY - CLAIMS-MADE

3. 1997 4. 1998 5. 1999	XXX XXX XXX	XXX	XXX							 	
6. 2000	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	$\mathbf{\Gamma}$							
9. 2003 10. 2004	XXX	XXX	XXX							 	
11. 2005	XXX	XXX	XXX	I	ı	I	İ	I	ΚΧΧ	 	

SCHEDULE P - PART 3I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY, AND THEFT)

		CUMULATIVE PA	ID NET LOSSES	AND DEFENSE A	ND COST CONT	AINMENT EXPEN	ISES REPORTED	AT YEAR END (\$000 OMITTED)		11 Number of	12 Number of
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10	Claims	Claims Closed Without
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Loss Payment	Loss Payment
1. Prior	XXX XXX XXX	000 XXX XXX	XXX		XXX XXX XXX	XXX XXX XXX						

SCHEDULE P - PART 3J - AUTO PHYSICAL DAMAGE

2. 2004 XXX XXX XXX XXX XXX XXX XXX XXX	1. Prior	XXX	V V V	Y Y Y	XXX XXX XXX		Y Y Y	Y Y Y	YYY	vv			
---	----------	-----	-------	-------	-------------------	--	-------	-------	-----	----	--	--	--

SCHEDULE P - PART 3K - FIDELITY, SURETY

1. Prior	XXX XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX) NO	NE X	000 XXX XXX	XXX		XXX XXX XXX	XXX XXX XXX	
----------	-----------------	-------------------	-------------------	-------------------	-------------	------	-------------------	-----	--	-------------------	-------------------	--

SCHEDULE P - PART 3L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior	XXX	2. 2004		XXX XXX XXX	XXX	Ý X X	X X X	X X X X X X	XXX		XXX XXX	XXX XXX XXX	
----------	-----	---------	--	-------------	-----	-------	-------	----------------	-----	--	------------	-------------------	--

SCHEDULE P - PART 3M - INTERNATIONAL

1. Prior 0 0 0	XXX	XXX
2 1006		
2. 1990	XXX	XXX
3. 1997 XXX	XXX	XXX
4. 1998 XXX XXX	XXX	XXX
5. 1999 XXX XXX XXX	XXX	XXX
6. 2000 XXX	XXX	XXX
7. 2001 XXX XXX XXX	XXX	XXX
8. 2002	XXX	XXX
9. 2003 XXX XXX XXX	XXX	XXX
10. 2004 XXX XXX XXX	XXX	XXX
11. 2005 XXX XXX XXX (X	XXX	XXX

SCHEDULE P - PART 3N - REINSURANCE Nonproportional Assumed Property

		CUMULATIVE PA	AID NET LOSSES	AND DEFENSE A	ND COST CONT	AINMENT EXPEN	SES REPORTED	AT YEAR END (\$000 OMITTED)		11 Number of	12 Number of
Years in Which Losses Were Incurred	1 1996	2 1997	3 1998	4 1999	5 2000	6 2001	7 2002	8 2003	9 2004	10 2005	Claims Closed With Loss Payment	Claims Closed Without Loss Payment
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005	000 XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX								XXX XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX
11. 2000	AAA	, , , , ,	AAA								AAA	AAA

SCHEDULE P - PART 30 - REINSURANCE

Nonproportional Assumed Liability

4. Daine	0.00										VVV	VVV
1. Prior	000										XXX	XXX
2. 1996	193	1,435	2,619	3,856	4,951	5,796	5,549	5,610	5,610	5,610	XXX	XXX
3. 1997	XXX	174	954	2,028	3,407	4,853	5,213	5,190	5,189	5,189	XXX	XXX
4. 1998	XXX	XXX	205	1,003	2,685	4,654	5,591	5,366	5,366	5,366	XXX	XXX
5. 1999	XXX	XXX	XXX	271	2,085	4,516	6,295		7,004	7,004	XXX	XXX
6. 2000	XXX	XXX	XXX	XXX	644	3,793	6,403		8 , 188	8,188	XXX	XXX
7. 2001	XXX	XXX	XXX	XXX	XXX	1,691	4,879	9,734	9,735	9,735	XXX	XXX
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	1,190	3,555	3,555	3,555	XXX	XXX
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	474	474	474	XXX	XXX
10 . 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			XXX	XXX
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX	XXX

SCHEDULE P - PART 3P - REINSURANCE Nonproportional Assumed Financial Lines

|--|

Page 77
Sch. P, Pt. 3R, Sn. 1, Product Liability, Occurrence NONE

Sch. P, Pt. 3R, Sn. 2, Product Liability, Claims Made **NONE**

Sch. P, Pt. 3S, Financial Guaranty/Mortgage Guaranty **NONE**

SCHEDULE P - PART 4A HOMEOWNERS/FARMOWNERS

	BULK	AND IBNR RESI	ERVES ON NET L	OSSES AND DEF	ENSE AND COS	T CONTAINMENT	EXPENSES RE	PORTED AT YEA	R END (\$000 OM	TTED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior										
2. 1996	5 XXX	30								
4. 1998	XXX	XXX								
5. 1999	XXX	XXX	XXX							
6. 2000	XXX	XXX	XXX	XXX						
7. 2001	X X X X X X	XXX	XXX	X X X X X X	XXX XXX	XXX				
9. 2003	XXX	l âââ	l âââ	XXX	XXX	XXX	XXX			
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4B PRIVATE PASSENGER AUTO LIABILITY/MEDICAL

1 Dries				•	•					
3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX								
6. 2000	XXX	XXX								
7. 2001	XXX	XXX								
8. 2002	XXX	XXX								
9. 2003	XXX	XXX		_ ,						
10 2004	XXX	XXX						Υ		
11. 2005	XXX	XXX						, , , , , , , , , , , , , , , , , , ,	XXX	
11. 2003	^ ^ ^	^^^	XXX	XXX	XXX	XXX	XXX	XXX	^^^	

SCHEDULE P - PART 4C COMMERCIAL AUTO/TRUCK LIABILITY/MEDICAL

1. Prior										
2. 1996			_		_					
3. 1997	XXX									
4. 1998		XXX								
5. 1999	XXX	XXX								
6. 2000	XXX	XXX								
7. 2001	XXX	XXX								
8. 2002		XXX		T						
9. 2003	XXX	XXX	_							
10 . 2004	XXX	XXX						Х		
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4D WORKERS' COMPENSATION

3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX								
6. 2000	XXX	XXX								
7. 2001	XXX	XXX								
8. 2002	XXX	XXX		T						
9. 2003	XXX	XXX	_	_						
10 . 2004	XXX	XXX						Χ		
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ХХХ	XXX	

SCHEDULE P - PART 4E COMMERCIAL MULTIPLE PERIL

2 1006	153 XXX XXX XXX XXX XXX XXX XXX XXX XXX	58 257 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	156 249 XXX XXX XXX XXX XXX XXX XXX XXX	22 767 XXX XXX XXX XXX XXX XXX XXX	10 225 XXX XXX XXX XXX XXX XXX		265 XXX XXX XXX			
--------	--	--	--	--	---	--	--------------------------	--	--	--

SCHEDULE P - PART 4F - SECTION 1 MEDICAL MALPRACTICE - OCCURRENCE

	BUL	AND IBNR RESE	ERVES ON NET L	OSSES AND DE	FENSE AND COS	T CONTAINMENT	EXPENSES RE	PORTED AT YEA	R END (\$000 OM	ITTED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior										
2. 1996	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX								
6. 2000	XXX	XXX								
7 . 2001 8 . 2002	X X X X X X	XXX XXX	————	— —						
9. 2002	XXX	l âxx								
0. 2004	XXX	XXX						XX		
1. 2005	XXX	XXX	XXX	XXX	XXX	XXX	X X X	XXX	XXX	

SCHEDULE P - PART 4F - SECTION 2 MEDICAL MALPRACTICE - CLAIMS-MADE

1. Prior		<u> </u>		•	•	•				
2. 1996										
3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX								
6. 2000	XXX	XXX								
7. 2001	XXX	XXX								
8. 2002	XXX	XXX		T						
9. 2003	XXX	XXX								
10 . 2004	XXX	XXX						Χ		
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4G - SPECIAL LIABILITY (OCEAN MARINE, AIRCRAFT (ALL PERILS), BOILER AND MACHINERY)

1. Prior										
2 1006										
3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX								
7. 2001	X X X X X X	XXX								
8 2002	XXX	l xxx		— —						
9. 2003	XXX	XXX								
10 . 2004	XXX	XXX						Χ		
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	ххХ	XXX	

SCHEDULE P - PART 4H - SECTION 1 OTHER LIABILITY - OCCURRENCE

1. Prior										
2. 1996	218	99	92	32						
3. 1997	XXX	254	257	148						
4. 1998	XXX	XXX	242	225	222	37	33			
5. 1999	XXX	XXX	XXX	360	331	65	51			
6. 2000	XXX	XXX	XXX	XXX	391	222	124			
7. 2001	XXX	XXX	XXX	XXX	XXX	42	42			
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	95			
9. 2003	XXX									
10 . 2004	XXX									
11. 2005	XXX									

SCHEDULE P - PART 4H - SECTION 2 OTHER LIABILITY - CLAIMS-MADE

1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004	XXX XXX XXX XXX XXX XXX XXX			XXX XXX XXX XXX	XXX XXX XXX	XXX	XXX			
10. 2004 11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4I - SPECIAL PROPERTY (FIRE, ALLIED LINES, INLAND MARINE, EARTHQUAKE, BURGLARY AND THEFT)

		BULK AND IBNR	RESERVES ON NE	ET LOSSES AND DE	FENSE AND COST	CONTAINMENT EX	XPENSES REPORT	ED AT YEAR END ((\$000 OMITTED)	
Years in Which Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior	XXX XXX XXX	XXX	XXX							

SCHEDULE P - PART 4J - AUTO PHYSICAL DAMAGE

1. Prior	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
2. 2004 3. 2005	V V V	XXX								

SCHEDULE P - PART 4K - FIDELITY/SURETY

1. Prior 2. 2004 3. 2005		XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	NON	JE XXX	XXX XXX XXX	XXX	XXX	
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SCHEDULE P - PART 4L - OTHER (INCLUDING CREDIT, ACCIDENT AND HEALTH)

1. Prior 2. 2004 3. 2005	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	NON	NE XXX	XXX XXX XXX	l xxx	XXX	
--------------------------------	-------------------	-------------------	-------------------	-------------------	-----	--------	-------------------	-------	-----	--

SCHEDULE P - PART 4M - INTERNATIONAL

2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004	XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX				N	E	XXX		
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 4N - REINSURANCE Nonproportional Assumed Property

	BUL	AND IBNR RES	ERVES ON NET L	OSSES AND DEF	FENSE AND COS	T CONTAINMEN	T EXPENSES RE	PORTED AT YEA	R END (\$000 OM	ITTED)
Years in Which	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior										
2. 1996 3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999 6. 2000	X X X X X X	XXX XXX								
7. 2001	XXX	XXX		4 4 1 4						
8. 2002 9. 2003	X X X X X X	XXX XXX								
10 . 2004	XXX	XXX						XΧ		
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SCHEDULE P - PART 40 - REINSURANCE Nonproportional Assumed Liability

3. 1997 4. 1998 5. 1999 6. 2000 7. 2001	X X X X X X X X X X X X X X X X X X X	2,841 3,998 XXX XXX XXX XXX	1,546 2,299 3,434 XXX XXX XXX			 472		
8 . 2002	X X X X X X	XXX XXX XXX XXX	XXX XXX XXX XXX	XXX XXX XXX XXX	XXX XXX XXX XXX	XXX XXX XXX XXX	XXX	

SCHEDULE P - PART 4P - REINSURANCE Nonproportional Assumed Financial Lines

3. 1997	XXX									
4. 1998	XXX	XXX								
5. 1999	XXX	XXX								
6. 2000	XXX	XXX								
7. 2001	XXX	XXX								
8. 2002	XXX	XXX								
9. 2003	XXX	XXX								
10. 2004	XXX	XXX						Υ		
								^		
11. 2005	XXX									

Page 82
Sch. P, Pt. 4R, Sn. 1, Products Liability, Occurrence NONE

Sch. P, Pt. 4R, Sn. 2, Products Llability, Claims Made **NONE**

Sch. P, Pt. 4S, Financial Guaranty/Mortgage Guaranty **NONE**

SCHEDULE P - PART 5A - HOMEOWNERS/FARMOWNERS

SECTION 1

			CUMULATIVE N	UMBER OF CLAIMS	CLOSED WITH LO	SS PAYMENT DIRE	ECT AND ASSUME	O AT YEAR END		
Years in Which Premiums Were Earned and Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005		25 XXX XXX XXX XXX XXX XXX XXX XXX XXX	25 23 17 XXX XXX XXX XXX XXX XXX XXX XXX	25 23 18 XXX XXX XXX XXX XXX XXX XXX	25 22 19 XXX XXX XXX XXX XXX XXX	25 22 19 XXX XXX XXX XXX	25 22 19 XXX XXX XXX	25 22 19		

SECTION 2

				NUMBER OF CLAIN	IS OUTSTANDING I	DIRECT AND ASSU	MED AT YEAR EN)		
Years in Which Premiums Were Earned and Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1 Prior										
2. 1996	11									
3. 1997	X X X X X X	9 XXX								
5. 1999	X X X X X X	X X X X X X	X X X X X X	XXX						
7. 2001	XXX	XXX	XXX	XXX	XXX					
8. 2002	X X X X X X	X X X X X X	X X X X X X	XXX	XXX	XXX XXX	X X X			
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	

SECTION 3

			CUML	JLATIVE NUMBER (OF CLAIMS REPOR	TED DIRECT AND A	ASSUMED AT YEAR	END		
Years in Which Premiums Were Earned and Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1 Prior										
2. 1996	30	34	34	34	34	34	34	34	34	34
3. 1997	X X X X X X	32 X X X		22		23	23	23	23	32
5. 1999	XXX	XXX	XXX							
6. 2000	XXX	XXX	XXX	XXX	vv					
8. 2002	X X X X X X	X X X X X X	X X X X X X	XXX XXX	X X X X X X	XXX				
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
10. 2004	XXX XXX	X X X X X X	X X X X X X	XXX XXX	X X X X X X	X X X X X X	X X X X X X	X X X X X X	X X X	
11. 2000	^ ^ ^	A A A	^ ^ ^	^^^	^ ^ ^	^^^	^^^	^^^	^^^	

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Sch. P, Pt. 5B, Sn. 1, Private Passenger Auto Liability/Medical **NONE**

Sch. P, Pt. 5B, Sn. 2, Private Passenger Auto Liability/Medical **NONE**

Sch. P, Pt. 5B, Sn. 3, Private Passenger Auto Liability/Medical **NONE**

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Sch. P, Pt. 5C, Sn. 1, Commercial Auto/Truck Liability/Medical **NONE**

Sch. P, Pt. 5C, Sn. 2, Commercial Auto/Truck Liability/Medical **NONE**

Sch. P, Pt. 5C, Sn. 3, Commercial Auto/Truck Liability/Medical **NONE**

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Sch. P, Pt. 5D, Sn. 1, Workers' Compensation **NONE**

Sch. P, Pt. 5D, Sn. 2, Workers' Compensation **NONE**

Sch. P, Pt. 5D, Sn. 3, Workers' Compensation NONE

SCHEDULE P - PART 5E - COMMERCIAL MULTIPLE PERIL

SECTION 1

			CUMULATIVE N	UMBER OF CLAIMS	S CLOSED WITH LO	SS PAYMENT DIRE	ECT AND ASSUME	O AT YEAR END		
Years in Which Premiums Were Earned and Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005			84 64 38 XXX XXX XXX XXX XXX XXX XXX XXX	84 78 54 26 XXX XXX XXX XXX XXX XXX XXX		84 85 68 77 97 19 XXX XXX XXX	84 89 70 77 103 67 39 XXX XXX XXX	84 89 70 77 105 77 88 21 XXX	84 89 70 77 105 77 97 97 35 44	84 89 70 77 105 77 98 41

SECTION 2

			ı	NUMBER OF CLAIM	IS OUTSTANDING I	DIRECT AND ASSU	MED AT YEAR END			
Years in Which Premiums Were Earned and Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005	5 XXX XXX XXX XXX XXX XXX XXX X	9 57 XXX XXX XXX XXX XXX XXX XXX XXX XXX	29 36 XXX XXX XXX XXX XXX XXX XXX XXX	2 15 20 33 XXX XXX XXX XXX XXX XXX XXX XXX	2 8 9 7 7 53 XXX XXX XXX XXX XXX	33 10 32 XXX XXX XXX XXX XXX	2 10 52 XXX XXX XXX		1 7 XXX	1 2

SECTION 3

			CUML	JLATIVE NUMBER (OF CLAIMS REPOR	TED DIRECT AND A	SSUMED AT YEAR	END		
Years in Which Premiums Were Earned and Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004			97 106 81 XXX XXX XXX XXX XXX XXX XXX	97 106 85 64 XXX XXX XXX XXX XXX XXX	97 106 85 89 117 XXX XXX XXX XXX XXX	97 106 86 90 118 55 XXX XXX XXX	97 106 85 89 119 86 101 XXX XXX	97 106 85 89 121 86 108 42 XXX	97 106 85 89 121 86 108 42 50	97 106 85 85 12' 86 106 42 5

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Sch. P, Pt. 5F, Sn. 1A, Medical Malpractice, Occurrence
NONE

Sch. P, Pt. 5F, Sn. 2A, Medical Malpractice, Occurrence ${\bf NONE}$

Sch. P, Pt. 5F, Sn. 3A, Medical Malpractice, Occurrence NONE

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Sch. P, Pt. 5F, Sn. 1B, Medical Malpractice, Claims Made **NONE**

Sch. P, Pt. 5F, Sn. 2B, Medical Malpractice, Claims Made **NONE**

Sch. P, Pt. 5F, Sn. 3B, Medical Malpractice, Claims Made **NONE**

SCHEDULE P - PART 5H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

			CUMULATIVE N	UMBER OF CLAIMS	S CLOSED WITH LC	SS PAYMENT DIRE	ECT AND ASSUMED	AT YEAR END		
Years in Which Premiums Were Earned and	1	2	3	4	5	6	7	8	9	10
Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005	XXX XXX XXX XXX XXX XXX XXX XXX	20 XXX XXX XXX XXX XXX XXX XXX XXX	32 23 XXX XXX XXX XXX XXX XXX XXX XXX	36 25 18 2 XXX XXX XXX XXX XXX XXX	38 27 19 13 2 XXX XXX XXX XXX XXX	38 29 19 6 6 1 XXX XXX XXX XXX	22 22 20 20 20 12 1 XXX XXX	22 25 27 20 14	22 25 27 20 20 20	22 26 27 21 24

SECTION 2A

			1	NUMBER OF CLAIM	IS OUTSTANDING I	DIRECT AND ASSU	MED AT YEAR END	1		
Years in Which Premiums Were Earned and Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1 Prior										
2. 1996	11	19	13	9	6				2	
3. 1997	X X X X X X	X X X	3	3	2	3			2	1
5. 1999	XXX	XXX	XXX	1				2	2	<u>1</u>
6. 2000	X X X X X X	X X X X X X	X X X X X X	XXX XXX	X X X		11	11	10	4
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	1			
9. 2003	X X X X X X	X X X X X X	X X X X X X	XXX XXX	XXX	XXX XXX	X X X X X X	X X X		
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	l ŝŝŝ	XXX	

SECTION 3A

			CUML	JLATIVE NUMBER (OF CLAIMS REPOR	TED DIRECT AND A	ASSUMED AT YEAR	END		
Years in Which Premiums Were Earned and Losses Were	1	2	3	4	5	6	7	8	9	10
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX	26 XXX XXX XXX XXX XXX XXX XXX XXX XXX	53 33 XXX XXX XXX XXX XXX XXX XXX XXX	55 44 28 3 XXX XXX XXX XXX XXX XXX XXX	55 	55 46 29 23 23 1 XXX XXX XXX XXX	55 46 29 23 31 1 1 XXX XXX	55 46 35 39 40 1	55 46 35 39 40 1	55 46 35 39 40 1

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Sch. P, Pt. 5H, Sn. 1B, Other Liability, Claims Made **NONE**

Sch. P, Pt. 5H, Sn. 2B, Other Liability, Claims Made **NONE**

Sch. P, Pt. 5H, Sn. 3B, Other Liability, Claims Made **NONE**

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Sch. P, Pt. 5R, Sn. 1A, Products Liability, Occurrence **NONE**

Sch. P, Pt. 5R, Sn. 2A, Products Liability, Occurrence **NONE**

Sch. P, Pt. 5R, Sn. 3A, Products Liability, Occurrence **NONE**

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Sch. P, Pt. 5R, Sn. 1B, Products Liability, Claims Made **NONE**

Sch. P, Pt. 5R, Sn. 2B, Products Liability, Claims Made **NONE**

Sch. P, Pt. 5R, Sn. 3B, Products Liability, Claims Made **NONE**

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Sch. P, Pt. 6C, Sn. 1, Commercial Auto/Truck Liability/Medical **NONE**

Sch. P, Pt. 6C, Sn. 2, Commercial Auto/Truck Liability/Medical **NONE**

Sch. P, Pt. 6D, Sn. 1, Workers' Compensation **NONE**

Sch. P, Pt. 6D, Sn. 2, Workers' Compensation **NONE**

SCHEDULE P - PART 6E - COMMERCIAL MULTIPLE PERIL

SECTION 1

			CUMULATIV	E PREMIUMS EA	RNED DIRECT A	ND ASSUMED AT	YEAR END (\$00	0 OMITTED)			11
Years in Which	1	2	3	4	5	6	7	8	9	10	''
Premiums Were Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Year Premiums Earned
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005 12. Total 13. Earned Premiums (Sc P-Pt 1)	5,822 XXX XXX XXX XXX XXX XXX XXX	5,822 6,671 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	5,822 6,671 7,117 XXX XXX XXX XXX XXX XXX XXX XXX XXX	5,822 6,678 7,108 7,740 XXX XXX XXX XXX XXX XXX XXX XXX	5,822 6,678 7,107 7,738 7,489 XXX XXX XXX XXX XXX XXX XXX	5,822 6,678 7,100 7,714 7,488 7,505 XXX XXX XXX XXX XXX	5,822 6,678 7,100 7,714 7,488 7,505 9,774 XXX XXX XXX XXX	5,822 6,678 7,100 7,714 7,488 7,505 9,775 5,480 XXX XXX	5,822 6,678 7,100 7,714 7,488 7,505 9,775 5,571 3,591 X X X X X X	5,822 6,678 7,100 7,714 7,488 7,505 9,775 5,571 3,591	XXX

SECTION 2

			CUN	MULATIVE PREMI	UMS EARNED C	EDED AT YEAR E	END (\$000 OMITT	ED)			11
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	
Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Year Premiums Earned
1. Prior											
3. 1997	X X X X X X	X X X									
5. 1999 6. 2000	XXX	XXX	XXX	XXX							
7. 2001	XXX XXX	XXX	XXX XXX	XXX	XXX	XXX					
8. 2002 9. 2003 10. 2004 11. 2005	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX XXX XXX	XXX	XXX XXX		91 3,591	
12. Total 13. Earned Premiums	XXX XXX	XXX	XXX								
(Sc P-Pt 1)											XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - OCCURRENCE

SECTION 1A

			CUMULATIVI	E PREMIUMS EA	RNED DIRECT AI	ND ASSUMED AT	YEAR END (\$00	0 OMITTED)			11
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	
Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Year Premiums Earned
1. Prior											
2. 1996	767	767	767	767	767	767	767	767	767	767	
3. 1997	XXX	935	995	995	995	995	995	995	995		
4. 1998	XXX XXX	X X X X X X	692 X X X	692 849						040	
6. 2000	xxx I	XXX	XXX	XXX	910	844	813	813	813	813	
7. 2001	XXX	XXX	XXX	XXX	XXX	770	761	761	761	761	
3. 2002	XXX	XXX	XXX	XXX	XXX	XXX	613	613	613	613	
9. 2003	XXX	XXX	XXX	XXX	XXX	XXX	XXX	32	32		
0. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	1/	1/	
1. 2005	XXX XXX	X X X X X X	X X X X X X	XXX XXX	XXX	XXX	XXX	XXX	XXX	XXX	
B. Earned Premiums	^^^	***	***			***	***				
(Sc P-Pt 1)											XXX
` '											

SECTION 2A

			CUN	MULATIVE PREMI	IUMS EARNED C	EDED AT YEAR E	END (\$000 OMITT	ED)			11
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	''
Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Year Premiums Earned
1. Prior											
2. 1996	245	245	245	245	245	145	145	145	145	145	
3. 1997	XXX	153	175		175	175	175		175	175	
4. 1998	XXX	XXX	67 XXX	70		68	68	70	68	70	
6. 2000	XXX	XXX	XXX	XXX							
7. 2001	XXX	XXX	XXX	XXX	XXX	72	68	68	68	68	
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX					
9. 2003	XXX	XXX XXX	X X X X X X	XXX	XXX	XXX	XXX		787	787	
11. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
12. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
13. Earned Premiums											
(Sc P-Pt 1)											XXX

SCHEDULE P - PART 6H - OTHER LIABILITY - CLAIMS-MADE

SECTION 1B

			CUMULATIV	E PREMIUMS EA	RNED DIRECT A	ND ASSUMED AT	YEAR END (\$00	0 OMITTED)			11
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	11
Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Year Premiums Earned
1. Prior											
2. 1996 3. 1997 4. 1998 5. 1999	XXX XXX XXX	XXX XXX								189	
6. 2000	XXX XXX	XXX	XXX	XXX	XXX						
8. 2002	XXX	XXX	XXX	XXX	XXX	XXX	XXX				
10. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
13. Earned Premiums (Sc P-Pt 1)											XXX
10. 2004 11. 2005 12. Total 13. Earned Premiums	XXX	XXX	XXX	XXX	XXX	XXX	XXX		XXX		

SECTION 2B

					U _U.						
			CUM	IULATIVE PREMI	UMS EARNED C	EDED AT YEAR E	END (\$000 OMITT	ED)			11
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	
Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Yea Premiums Earned
1. Prior											
3. 1997	XXX	151	180	180	180		180	180	180	180	
4. 1998	XXX	XXX	31	31	31	31	31	31	31	31	
5. 1999	XXX	XXX	XXX								
3. 2000	XXX	XXX	XXX	XXX	XXX						
7. 2001	X X X X X X	XXX	XXX	X X X X X X	XXX	XXX					
). 2003	XXX	XXX	l xxx	XXX	XXX	XXX	XXX				
. 2004	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX			
I. 2005	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX		
. Total	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	XXX	
Searned Premiums (Sc P-Pt 1)											XXX

SCHEDULE P - PART 6M - INTERNATIONAL

SECTION 1

			CUMULATI	/E PREMIUMS E	ARNED DIRECT A	ND ASSUMED A	T YEAR END (\$0	00 OMITTED)			11
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	
Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Year Premiums Earned
0 4000											
3. 1997	XXX					_					
4. 1998	X X X X X X	XXX									
6. 2000	XXX	XXX									
7. 2001	X X X X X X	XXX									
9. 2003	XXX	XXX		, 1							
10. 2004	XXX	XXX	_								
11. 2005	X X X X X X	XXX	***	XXX	XXX	I XXX	I XXX	XXX	XXX	XXX	
13. Earned Premiums (Sc P-Pt 1)											XXX

SECTION 2

			CUN	MULATIVE PREMI	IUMS EARNED C	EDED AT YEAR E	ND (\$000 OMITT	ED)			11
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	11
Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Year Premiums Earned
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005 12. Total 13. Earned Premiums (Sc P-Pt 1)	XXX XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX XXX		XXX	O xxx	XXX	XXX		XXX	XXX	XXX

SCHEDULE P - PART 6N - REINSURANCE

Nonproportional Assumed Property

SECTION 1

			CUMULATIV	E PREMIUMS EA	RNED DIRECT A	ND ASSUMED AT	YEAR END (\$00	0 OMITTED)			11
Years in Which Premiums Were Earned and Losses Were	1	2	3	4	5	6	7	8	9	10	Current Year Premiums
Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Earned
1. Prior	XXX XXX XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX		XXX	XXX	 XXX	XXX	XXX	XXX

SECTION 2

			CUN	MULATIVE PREM	IIUMS EARNED C	EDED AT YEAR E	END (\$000 OMIT	TED)			
Years in Which Premiums Were	1	2	3	4	5	6	7	8	9	10	11
Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Year Premiums Earned
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005 12. Total 13. Earned Premiums (Sc P-Pt 1)		XXX XXX XXX XXX XXX XXX XXX XXX	XXX	XXX		XXX	XXX		XXX	XXX	XXX

SCHEDULE P - PART 60 - REINSURANCE

Nonproportional Assumed Liability

SECTION 1

		CUMULATIVE PREMIUMS EARNED DIRECT AND ASSUMED AT YEAR END (\$000 OMITTED)							11		
Years in Which	1	2	3	4	5	6	7	8	9	10	
Premiums Were Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Year Premiums Earned
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005 12. Total 13. Earned Premiums (Sc P-Pt 1)	9,531 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	9,531 9,792 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	9,569 14,662 6,527 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	9,570 14,662 11,425 9,350 XXX XXX XXX XXX XXX XXX XXX XXX XXX	9,570 14,662 11,408 15,842 13,120 XXX XXX XXX XXX XXX XXX XXX XXX		9,570 14,662 11,410 15,805 20,477 24,750 23,247 XXX XXX XXX	9,570 14,662 11,410 15,805 20,477 24,736 31,324 29,398 XXX XXX	9,570 14,662 11,410 15,805 20,477 24,736 31,324 29,399 18,528 X X X X X X	9,570 14,662 11,410 15,805 20,477 24,736 31,324 29,399 18,528 260 X X X	260 260 XXX

SECTION 2

			CUM	MULATIVE PREMI	UMS EARNED C	EDED AT YEAR E	END (\$000 OMITT	ED)			11
Years in Which	1	2	3	4	5	6	7	8	9	10	11
Premiums Were Earned and Losses Were Incurred	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	Current Year Premiums Earned
1. Prior 2. 1996 3. 1997 4. 1998 5. 1999 6. 2000 7. 2001 8. 2002 9. 2003 10. 2004 11. 2005 12. Total 13. Earned Premiums (Sc P-Pt 1)	275 X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X X	275 2254 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	275 264 197 XXX XXX XXX XXX XXX XXX XXX XXX XXX X	275 264 197 537 XXX XXX XXX XXX XXX XXX XXX XXX XXX	275 264 197 639 1,429 XXX XXX XXX XXX XXX XXX XXX	275 264 197 644 1,968 2,230 XXX XXX XXX XXX XXX	275 264 197 644 1,968 2,062 1,174 XXX XXX XXX	275 264 197 644 1,958 2,062 1,174 49,658 XXX XXX	275 264 197 644 1,958 2,062 1,174 49,659 18,528 X X X X X X	275 264 197 644 1,958 2,062 1,174 49,659 18,528 260 XXX	260 260 XXX

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Sch. P, Pt. 6R, Sn. 1A, Products Liability, Occurrence **NONE**

Sch. P, Pt. 6R, Sn. 2A, Products Liability, Occurrence **NONE**

Sch. P, Pt. 6R, Sn. 1B, Products Liability, Claims Made **NONE**

Sch. P, Pt. 6R, Sn. 2B, Products Liability, Claims Made **NONE**

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Sch. P, Pt. 7A, Sn. 1, Primary, Loss Sensitive Contracts **NONE**

Sch. P, Pt. 7A, Sn. 2, Incurred Losses and Allocated Expenses **NONE**

Sch. P, Pt. 7A, Sn. 3, Bulk and Incurred But Not Reported Res. **NONE**

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Sch. P, Pt. 7A, Sn. 4, Net Earned Premiums Reported **NONE**

Sch. P, Pt. 7A, Sn. 5, Net Reserve for Premium Adjustments **NONE**

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Sch. P, Pt. 7B, Sn. 1, Reinsurance Loss Sensitive Contracts **NONE**

Sch. P, Pt. 7B, Sn. 2, Incurred Losses and Cost Containment Exp. ${\color{red}\textbf{NONE}}$

Sch. P, Pt. 7B, Sn. 3, Bulk Incurred But Not Reported Reserves **NONE**

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Sch. P, Pt. 7B, Sn. 4, Net Earned Premiums Reported at Year End **NONE**

Sch. P, Pt. 7B, Sn. 5, Net Reserve for Premium Adjustments **NONE**

Sch. P, Pt. 7B, Sn. 6, Incurred Adjustable Commissions **NONE**

Sch. P, Pt. 7B, Sn. 7, Reserves for Commission Adjustments **NONE**

SCHEDULE P INTERROGATORIES

1. What is the extended loss and expense reserve - direct and assumed - for the following classes? An example of an extended loss and expense reserve is the actuarial reserve for the free-tail coverage arising upon death, disability or retirement in most medical malpractice policies. Such a liability is to be reported here even if it was not reported elsewhere in Schedule P, but otherwise reported as a liability item on Page 3. Show the full reserve amount, not just the change during the current year.

Years in which premiums were earned and losses were incurred	1	2	3
	Medical Malpractice	Other Liability	Products Liability
1.01 Prior 1.02 1996 1.03 1997 1.04 1998 1.05 1999 1.06 2000 1.07 2001 1.08 2002 1.09 2003 1.10 2004 1.11 2005 1.12 TOTALS			

		1.12 TOTALS				
2.	definition app	n of allocated loss adjustment expenses (ALAE plies to both paid and unpaid expenses. Are the efinitions in this statement?	and, therefore, unallocated loss adjustn se expenses (now reported as "Defense a	nent expenses (ULAE) was changed effec and Cost Containment" and "Adjusting and	tive January 1, 1998. This change in Other") reported in compliance	Yes (X) No ()
3.	outstanding i same percer For Adjusting	g and Other expense payments and reserves shin those years. When allocating Adjusting and Chage used for the loss amounts and the claim or g and Other expense incurred by reinsurers, or a reasonable method determined by the companion	other expense between companies in a group of the companies in a group of the companies in a group of the companies in the companies of the co	oup or a pool, the Adjusting and Other exp r expense assumed should be reported ac unt information is not available, Adjusting	ense should be allocated in the cording to the reinsurance contract.	Yes (X) No ()
4.	Do any lines on Page 10?	in Schedule P include reserves that are reporte	d gross of any discount to present value o	f future payments, and that are reported r	net of such discounts on	Yes () No (X)
		er disclosure must be made in the Notes to Final nd Column 33.	ncial Statements, as specified in the Instru	uctions. Also, the discounts must be repor	rted in Schedule P - Part 1,	
	Schedule P r	must be completed gross of non-tabular discoun	ting. Work papers relating to discount cal	culations must be available for examination	n upon request.	
	Discounting	is allowed only if expressly permitted by the stat	e insurance department to which this Ann	ual Statement is being filed.		
5.	What were the (in thousand	he net premiums in force at the end of the year Is of dollars)	for:	5.1 F 5.2 S		\$
6.	Claim count	information is reported per claim or per claiman	t. (Indicate which).			per Claim
	If not the sar	me in all years, explain in Interrogatory 7.				
7.1		ion provided in Schedule P will be used by many y especially significant events, coverage, reten				Yes (X) No ()
7.2	An extended	statement may be attached:				
	current and f	the Company entered into a commutation agre future liabilities under all ceded reinsurance cont Hartford whereby the Company made a paymen contracts.	racts. Second, the Company entered into	another commutation with Security Insura		

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE OLD LYME INSURANCE COMPANY OF RHODE ISLAND, INC.

Page 1041
Sch. T, Part 2, Interstate Compact Products
NONE

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10	11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income/ (Disbursements) Incurred Under Reinsurance Agreements	Ord *	Any Other Material Activity Not in the dinary Course of the Insurer's Business	Totals	Reinsurance Recoverable / (Payable) on Losses and / or Reserve Credit Taken / (Liability)
19160	13-3306163 13-3724354	Old Lyme Insurance Company of RI, Inc					, ,				,	,
	13-3724358	Program Brokerage Corp										
	13-3621603	Fairfax Inc Hub Northeast Company					647.031				647,031	
00000	AA-1784124	nopire re Liu						7,303,793			7 , 303 , 793	
	01-0748234	MFX Exchange Co Hamblin Watsa Investment Counsel Ltd										
25534	15-2016-2 94-1517098	Hamblin Watsa Investment Counsel Ltd TIG Insurance Company										
	02-0511580	RiverStone Resources LLC										
9999999 - CON												

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	RESPONSE
1. Will an actuarial opinion be filed by March 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 440:	
2. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 460:	
3. Will the Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 390:	
4. Will the Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 390:	
5. Will the Reinsurance Attestation Supplement be filed with the state of domicile and the NAIC by March 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 400:	
APRIL FILING	
6. Will the Insurance Expense Exhibit be filed with the state of domicile and the NAIC by April 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 270:	
7. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION:	
BARCODE:	

Document Identifier 350:

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (Continued)

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

	APRIL FILING	RESPONSE
8. Will the Investment Risks Interrogatories be filed by April 1?		YES
EXPLANATION:		
DADOODE.		
BARCODE: Document Identifier 285:		
Document toentiner 200.		
	MAY FILING	
9. Will this company be included in a combined annual statement that is filed with the NAIC by May 1	?	YES
EXPLANATION:		
BARCODE:		
Document Identifier 201:		
Social of Contract Co		
	JUNE FILING	
10. Will an audited financial report be filed by June 1?		YES
EXPLANATION:		
	•	
BARCODE:		
Document Identifier 220:		
The following supplemental reports are required to be filed as part of your statement filing. However, in the be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report a	nd a bar code will be printed below. If the supplement is required of you	ch the special report must ir company but is not
being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrog	atory questions.	
	MARCH FILING	
11. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by Mar	rch 1?	NO
EXPLANATION: None		
PADCODE:		
BARCODE:	1 9 1 6 0 2 0 0 5	4 2 0 0 0 0 0 0
Document Identifier 420:	1 9 1 6 0 2 0 0 5	
		4 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Document Identifier 420:		
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1?		
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION:		
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: BARCODE:		
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION:		
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: BARCODE: Document Identifier 240:		YES
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: BARCODE: Document Identifier 240: 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and		
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: BARCODE: Document Identifier 240:		YES
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: Document Identifier 240: 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and EXPLANATION:		YES
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: Document Identifier 240: 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and EXPLANATION:	the NAIC by March 1?	YES
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: BARCODE: Document Identifier 240: 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and EXPLANATION: None	the NAIC by March 1?	YES
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: BARCODE: Document Identifier 240: 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and EXPLANATION: None BARCODE:		YES
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: BARCODE: Document Identifier 240: 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and EXPLANATION: None BARCODE:	the NAIC by March 1?	YES
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: Document Identifier 240: 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and EXPLANATION: None BARCODE: Document Identifier 360: 14. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed by March 1? EXPLANATION:	the NAIC by March 1?	YES NO 3 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: BARCODE: Document Identifier 240: 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and EXPLANATION: None BARCODE: Document Identifier 360: 14. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed by March 1?	the NAIC by March 1?	YES NO 3 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: BARCODE: Document Identifier 240: 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and EXPLANATION: None BARCODE: Document Identifier 360: 14. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed by March 1? EXPLANATION: None	the NAIC by March 1? 1 9 1 6 0 2 0 0 5	YES NO 3 6 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1
Document Identifier 420: 12. Will the Financial Guaranty Insurance Exhibit be filed by March 1? EXPLANATION: Document Identifier 240: 13. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and EXPLANATION: None BARCODE: Document Identifier 360: 14. Will Supplement A to Schedule T (Medical Malpractice Supplement) be filed by March 1? EXPLANATION:	the NAIC by March 1?	YES NO 3 6 0 0 0 0 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES (Continued)

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

RESPONSE MARCH FILING 15. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1? NO EXPLANATION: BARCODE: Document Identifier 490: NO 16. Will the Premiums Attributed to Protected Cells Exhibit be filed by March 1? EXPLANATION: BARCODE: Document Identifier 385: YES 17. Will the Reinsurance Summary Supplemental Filing for General Interrogatory 9 be filed with the state of domicile and the NAIC by March 1? EXPLANATION: BARCODE: Document Identifier 401: APRIL FILING 18. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? NO EXPLANATION: BARCODE: Document Identifier 230: NO 19. Will the Long-term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? EXPLANATION: BARCODE: Document Identifier 330: 20. Will the Accident and Health Policy Experience Exhibit be filed by April 1? NO EXPLANATION: BARCODE: Document Identifier 210:



ANNUAL STATEMENT FOR THE YEAR 2005 OF THE OLD LYME INSURANCE COMPANY OF RHODE ISLAND, INC.

REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

For The Year Ended December 31, 2005 To Be Filed by March 1

(A) Financial Impact			
	1	2	3
	As Reported	Interrogatory 9 Reinsurance Effect	Restated Without Interrogatory 9 Reinsurance
A01. Assets	48,028,017		48,028,017
A02. Liabilities	5,763,007	1,518,037	7,281,044
A03. Surplus as regards to policyholders.	42,625,010	(1,518,037)	41,106,973
A04. Net income			

ANNUAL STATEMENT FOR THE YEAR 2005 OF THE OLD LYME INSURANCE COMPANY OF RHODE ISLAND, INC.

REINSURANCE SUMMARY SUPPLEMENTAL FILING FOR GENERAL INTERROGATORY 9 (PART 2)

(B) Summary of Reinsurance Contract Terms	(C) Management's Objectives
Aggregate XOL - Effective date 12/01/1995	To limit its exposure of the Residential Real Estate liability program.

(D) If the response to Interrogatory 9.4 (Part 2 Property & Casualty Interrogatories) is yes, explain below why the
(b) if the response to interrogatory 5.4 (i art 2 i roperty & dastaity interrogatories) is yes, explain below why the
Contracts are treated differently for GAAP and SAP.
Contracts are treated differently for CAAL and CAL.